

DISTRICT COURT, DOUGLAS COUNTY, STATE OF COLORADO  Court Address: Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 Telephone No.: (720)437-6200	
<b>IN RE THE MATTER OF THE CASTLE PINES          NORTH METROPOLITAN DISTRICT, COUNTY OF          DOUGLAS, STATE OF COLORADO</b>	
Joan M. Fritsche, #28637 NORTON & SMITH, P.C. 1331 17 <sup>th</sup> Street, Suite 500 Denver, Colorado 80202 Phone Number: (303) 292-6400 FAX Number: (303) 292-6401 E-mail: <a href="mailto:JFritsche@NortonSmithLaw.com">JFritsche@NortonSmithLaw.com</a>	<p style="text-align: center;"><b>▲ COURT USE ONLY ▲</b></p> Case No.: 1984CV126  Div.:                      Ctrm.:
<b>PUBLIC OFFICIAL POSITION SCHEDULE BOND FOR          CASTLE PINES NORTH METROPOLITAN DISTRICT</b>	

1. In accordance with Section 32-1-901(2), C.R.S., the Castle Pines North Metropolitan District, is required to file a surety bond with the Court.

2. The oath and bond are attached hereto as Exhibits A and Exhibit B.

Dated this 31<sup>st</sup> day of May, 2018.

NORTON & SMITH, P.C.

S/ Joan M. Fritsche  
 Joan M. Fritsche, #28637  
*Counsel for Castle Pines North Metropolitan District*

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<b>OATH OF OFFICE</b>	

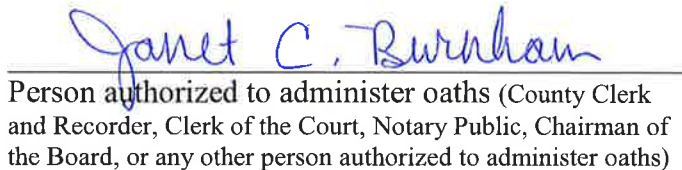
I, Robert Merritt, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of the Castle Pines North Metropolitan District upon which I am about to enter. My term ends May, 2022.

  
 Robert Merritt

STATE OF COLORADO )  
 ) ss.  
 COUNTY OF DOUGLAS )

Subscribed and sworn to before me this 16<sup>th</sup> day of May, 2018, by Robert Merritt

JANET C BURNHAM NOTARY PUBLIC STATE OF COLORADO NOTARY ID 19974019930 MY COMMISSION EXPIRES NOVEMBER 13, 2021
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 Person authorized to administer oaths (County Clerk and Recorder, Clerk of the Court, Notary Public, Chairman of the Board, or any other person authorized to administer oaths)

Title: Notary Public

EXHIBIT B



**Colorado Special Districts Property and Liability Pool  
Comprehensive Crime Certificate Holder Declaration**

**Master Coverage Policy Number:** CCP0037259

**Certificate Number:** 31C60576-1311

**Coverage Period:** 1/1/2018 Until Cancelled

**Billing Period:** 1/1/2018 to 1/1/2019

**Named Member:**

Castle Pines North Metropolitan District  
7404 Yorkshire Dr.  
Castle Rock, CO 80104

**Broker of Record:**

T. Charles Wilson Insurance Service  
384 Inverness Parkway  
Englewood, CO 80112

**Covered ERISA Plan:**

**Covered Designated Agent(s):**

**Coverage, Limits of Insurance and Deductibles**

**Limits**

**Public Employee Dishonesty Coverage:**

\$50,000

- Limit is Per Loss
- Faithful Performance of Duty
- Officers, Directors, and Trustees
- Welfare and Pension Plan ERISA Compliance if Covered Plan is shown on application
- Volunteer Workers as Employees

**Forgery or Alteration Coverage:**

\$50,000

**Theft, Disappearance, and Destruction Coverage:**

Inside Premises

\$50,000

Outside Premises

\$50,000

**Computer and Funds Transfer Fraud Coverage:**

\$50,000

**Debit, Credit or Charge Card Forgery Coverage:**

\$50,000

**Money Orders and Counterfeit Paper Currency Coverage:**

\$50,000

**Fraudulent Impersonation Coverage:**

\$50,000

**Crime Deductible:**

\$250

**Fraudulent Impersonation Deductible:** 20% of Fraudulent Impersonation Limit

**Contribution:**

\$425.72

**Policy Forms:**

- CR 00260506 Government Crime Policy
- CR 25070300 Include Specified Directors or Trustees on Committee as Employees
- CR 25080300 Include Specified Non-Compensated Officers as Employees
- CR 25090300 Include Volunteer Workers as Employees
- CR 25190506 Add Faithful Performance of Duty
- CR 25120300 Include Treasurers or Tax Collectors as Employees
- CR 02151104 Colorado Changes
- CR 25200300 Debit, Credit or Charge Card Forgery
- CR 25020506 Include Designated Agents as Employees, when listed
- CR 04171115 Fraudulent Impersonation

**This Certificate Holder Declaration is made and is mutually accepted by the CSD Pool and the Named Member subject to all terms which are made a part of the Master Comprehensive Crime Policy. This Certificate represents only a brief summary of coverages. Please refer to the Master Policy Document for actual coverage, terms, conditions, and exclusions.**

Countersigned by: \_\_\_\_\_

*Joseph W. Page*  
Authorized Representative

Thursday, November 16, 2017

Entity ID#: 60576

**CERTIFICATE OF COVERAGE**

Certificate #: **4502**

**Administrator**  
 Colorado Special Districts Property and Liability Pool  
 PO Box 1539  
 Portland, OR 97207-1539

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE COVERAGE DOCUMENT. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE COVERAGE DOCUMENTS LISTED HEREIN.

**COMPANIES AFFORDING COVERAGE**

**NAMED MEMBER**  
 Castle Pines North Metropolitan District  
 7404 Yorkshire Dr.  
 Castle Rock, CO 80104

- COMPANY A Colorado Special Districts Property and Liability Pool
- COMPANY B General Reinsurance Corporation
- COMPANY C Colorado Special Districts Property and Liability Pool
- COMPANY D

**COVERAGES**

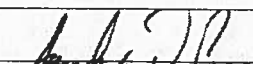
This is to certify that coverage documents listed herein have been issued to the Named Member herein for the Coverage period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the coverage afforded by the coverage documents listed herein is subject to all the terms, conditions and exclusions of such coverage documents.

CO LTR	Type of Coverage	Coverage #	Effective Date	Expiration Date	Limits	
A, B	<b>General Liability</b>	31C60576-1311	1/1/2018	1/1/2019	General Aggregate Unlimited	
	<input checked="" type="checkbox"/> Commercial General Liability	* Except that for claims, occurrences or suits to which the monetary limits of the Colorado Governmental Immunity Act, C.R.S. § 24-10-101, et. seq., as amended, apply, there shall be a further sublimit of (a) \$350,000 for an injury to any one person in any single occurrence; and (b) \$990,000 for an injury to two or more persons in any single occurrence; but in the event of an injury to two or more persons in any single occurrence, the sublimit shall not exceed \$350,000 for each injured person.			Each Occurrence *	\$2,000,000
	<input checked="" type="checkbox"/> Public Officials Liability					
	<input checked="" type="checkbox"/> Employment Practices					
	<input checked="" type="checkbox"/> Occurrence					
<b>Automobile Liability</b>					Each Occurrence *	
	<input type="checkbox"/> Scheduled Autos					
	<input type="checkbox"/> Hired Autos					
	<input type="checkbox"/> Non-Owned Autos					
<b>Auto Physical Damage</b>						
	<input type="checkbox"/> Scheduled Autos					
	<input type="checkbox"/> Hired Autos					
<b>Excess Liability</b>					General Aggregate Each Occurrence *	
	<input type="checkbox"/> Other Than Umbrella Form					
C	<b>Property</b>	31C60576-1311	1/1/2018	1/1/2019	See below if applicable.	
	<input checked="" type="checkbox"/>					

**DESCRIPTION:**  
 Certificate Holder is an additional covered Member for those coverages noted hereunder but only with respect to those liabilities covered by the Pool's coverage document for the Member District. Subject to the provisions and limitations contained in C.R.S. 24-10-101. The Pool will limit any amounts to the monetary limits and sublimits of the Colorado Governmental Immunity Act, C.R.S. 24-10-101 et. Seq., as amended, would apply to the Covered Member.

**CERTIFICATE HOLDER**  
 UMB Bank, N.A./ Attn: Corporate Trust  
  
 1670 Broadway  
 Denver, CO 80202

**CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.**

By: Joseph E. DePaepe  Date: 11/16/2017



**Colorado Special Districts Property and Liability Pool  
Public Entity Liability and Auto Physical Damage Certificate Holder Declaration**

**Master Coverage Document Number:** PEL 01 01 16

**Certificate Number:** 31C60576-1311

**Coverage Period:** 1/1/2018 to 1/1/2019

**Named Member:**

Castle Pines North Metropolitan District  
7404 Yorkshire Dr.  
Castle Rock, CO 80104

**Broker of Record:**

T. Charles Wilson Insurance Service  
384 Inverness Parkway  
Englewood, CO 80112

**Coverage is provided only for those coverages indicated below for which a contribution is shown.**

Coverage	Per Occurrence	Annual Aggregate	Deductible	Contribution
<b>Public Entity Liability Coverage Incl:</b>	\$2,000,000	None		
General Liability	Included	None	\$500	\$13,153.67
Medical Payments - Premises	\$10,000	None	None	Included
Employee Benefits Admin. Liability	Included	None	\$500	Included
Public Officials Liability	Included	None	\$1,000	\$4,007.27
Employment Practices Liability	Included	None	* \$10,000	Included
Pre Loss Legal Assistance	\$2,000	\$4,000	None	Included
No-Fault Water & Sewer Backup	\$5,000 Per Premises, \$150,000 Per Occurrence	***\$500,000	\$500	Included
Cyber Liability	\$200,000	**\$200,000	\$1,000	Included
Fiduciary Liability	\$200,000	**\$200,000	\$1,000	Included
Excess Liab - Coverage agreements A,B,C,D	No Coverage	No Coverage	N/A	No Coverage
Auto Liability	Included	None	None	\$3,925.99
Medical Payments - Auto	\$10,000	None	None	Included
Non-Owned/Hired Auto Liability	Included	None	None	\$132.00
Uninsured/Underinsured Motorist	Included	None	None	Included
<b>Auto Physical Damage</b>	Per Schedule	Per Schedule	Per Schedule	\$3,993.60
Hired Auto Physical Damage	\$50,000	N/A	\$500/\$500	\$65.00
Auto Physical Damage - Employee Deductible Reimbursement	\$2,500	N/A	None	Included
<b>Total Contribution</b>				<b>\$25,277.53</b>

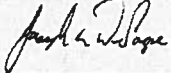
\*Employment Practices Liability Deductible: 50% of loss including Indemnity and Legal Expenses subject to a maximum deductible of \$10,000 each occurrence.

\*\*A \$1,000,000 All Member Annual Aggregate Limit shall apply to: Cyber Liability and Fiduciary Liability.

\*\*\*No-Fault Water & Sewer Backup has \$500,000 All Member Annual Aggregate Limit.

**Additional Endorsements applicable to Member:**

**This Certificate Holder Declaration is made and is mutually accepted by the CSD Pool and the Named Member subject to all terms which are made a part of the Public Entity Liability Coverage Document. This Certificate represents only a brief summary of coverages. Please refer to the Master Coverage Document for actual coverage, terms, conditions, and exclusions.**

Countersigned by:   
Authorized Representative

Thursday, November 16, 2017