DISTRICT COURT, DOUGLAS COUNTY, COLOR Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80104 Telephone: 720-437-6200	ADO								
IN RE THE ORGANIZATION OF DEVILS HEAD METROPOLITAN DISTRICT	D ▲ COURT USE ONLY ▲								
Attorneys for the District: SPENCER FANE LLP Russell W. Dykstra, #30899 1700 Lincoln Street, Suite 2000 Denver, CO 80203-4554	Case No.: 2018CV30911								
(303) 839-3800 – Telephone (303) 839-3838 – Facsimile E-mail: rdykstra@spencerfane.com	Division: 3								
OATH OF OFFICE - DARWIN HORAN									
I, Darwin Horan, 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 Devils Head Metropolitan District upon which I am about to enter.  Signature:  Signature:  The BOARD, THE FOLLOWING SHOULD BE COMPLETED:  Subscribed and sworn to before me this day of									
OR, IF SWORN OR AFFIRMED BEFORE A NOTARY, THE	FOLLOWING SHOULD BE COMPLETED:								
STATE OF COLORADO )									
COUNTY OF) ss.									
Subscribed and sworn to before me this day of	2022, by Darwin Horan, Director.								
My Notary Commission expires on									
(SEAL)	ry Public								

<sup>\*\*\*</sup>Persons authorized to administer oaths, i.e. County Clerk and Recorder, Clerk of the Court, Chairman of the Board of Directors, or any other person authorized to administer oaths)\*\*\*



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 4/14/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER			CONTA NAME:	СТ			1				
T. Charles Wilson Insurance Service 384 Inverness Parkwav Suite 170		PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No): (303) 368-5863									
	lewood, CO 80112				E-MAIL ADDRE	ss: tcwinfo@	wilsonins	s.com			
						INS	SURER(S) AFFO	RDING COVERAG	E		NAIC#
					INSURER A : RLI Insurance Company						
INSURED			INSURER B : INSURER C :								
Devils Head Metropolitan District c/o Spencer Fane, LLP 1700 Lincoln Street, Suite 2000 Denver, CO 80203											
					INSURER D :						
					INSURER E :						
					INSURER F:						
CO	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION N	UMBFR:		.1
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI	ENT, TERM OR CONDITION , THE INSURANCE AFFOR	N OF A	ANY CONTRA Y THE POLIC	CT OR OTHER	R DOCUMENT \ BED HEREIN IS	VITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
LIIX	COMMERCIAL GENERAL LIABILITY	INOD	****			(MINI/DD/11111)	(MINIOD/1111)	EACH OCCURR	ENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RE PREMISES (Ea d	NTED	\$	
								MED EXP (Any o		\$	
								PERSONAL & AL		\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$	
	POLICY PRO- JECT LOC							PRODUCTS - CO		\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SING (Ea accident)	SLE LIMIT	\$	
	ANY AUTO							BODILY INJURY	(Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY	•	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAM (Per accident)	MAGE	\$	
	7,0,00 0,12									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURR	ENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
		N/A						E.L. EACH ACCI	DENT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$			
								E.L. DISEASE - F	POLICY LIMIT	\$	
Α	1 Year Bond			LSM1218473		11/6/2021	11/6/2022	Limit			10,000
Pub 1 Tro 5 Bo	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC lic Official Position Schedule Bond easurer @ \$5,000 ard Members @ \$1,000 each	LES (A	ACORE	D 101, Additional Remarks Schedu			re space is requi	ired)			
CERTIFICATE HOLDER			CANCELLATION								
	Colorado Department of Loc				THE	EXPIRATIO	N DATE TH	DESCRIBED POI HEREOF, NOT CY PROVISIONS	ICE WILL		

ACORD 25 (2016/03)

1313 Sherman St., Rm 521 Denver, CO 80203

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**AUTHORIZED REPRESENTATIVE**