DISTRICT COURT, DOUGLAS COUNTY, COLORADO Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80109											
IN RE THE MATTER OF MERIDIAN METROPOLITAN DISTRICT	▲ COURT USE ONLY ▲										
Attorneys for the District: SPENCER FANE LLP Matthew R. Dalton, #11192 1700 Lincoln Street, Suite 2000 Denver, CO 80203-4554 (303) 839-3800 – Telephone; (303) 839-3838 – Facsimile E-mail: mdalton@spencerfane.com	Case No. 1976 CV 4507 Division: Courtroom:										
OATH OF OFFICE											
I, Peter A. Culshaw, 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 Meridian Metropolitan District upon which I am about to enter. Signature: Peter A. Culshaw IF SWORN OR AFFIRMED BEFORE THE CHAIRMAN OF THE BOARD, THE FOLLOWING SHOULD BE COMPLETED: Subscribed and sworn to before me this day of May 2018.											
	16.										
By: Title:											
IF SWORN OR AFFIRMED BEFORE A NOTARY, THE FOLLOWING STATE OF COLORADO) ss. COUNTY OF Arcapahoe. Subscribed and sworn to before me this 4 day of May 2018, by Peter A. My Notary Commission expires on May 2018.											
SEAL) JENNIFER EADS NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20174010898 MY COMMISSION EXPIRES 03/10/2021	ifer Eads										

^{***}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)***

CHATTER

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/30/2018

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).

t	nis certificate does not confer rights	to the	cert	tificate holder in lieu of su	ıch en	dorsement(s).	k tadona an ano	orsemen	LAS	tatement on
	DUCER				CONTACT NAME:						
T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170				PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No): (303)					368-5863		
Englewood, CO 80112					E-MAIL ADDRESS: info@wilsonins.com						
					INSURER(S) AFFORDING COVERAGE						NAIC #
					INSURER A : CNA Surety						0022
INSURED Meridian Metropolitan District c/o Denver Technology Center 6380 S.Fiddlers Green Circle, Suite 400 Greenwood Village, CO 80111					INSURER B:						
					INSURER C:						
					INSURER D :						
					INSURER E :						
					INSURER F:						
				ENUMBER:				REVISION NUM	MBER:		<u>_</u>
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INST. POR OF MENDAME. ADDI. SUBR. POLICY FEET POLICY FEET											
LTR	TIPE OF INSURANCE	ADDL INSD	SUBR W/D	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS	5	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	E	\$	
CLAIMS-MADE OCCUR						DAMAGE TO RENTE PREMISES (Ea occu	D (rence)	\$			
								MED EXP (Any one		\$	
					PERSONAL & ADV INJURY			NJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROTECT LOC						GENERAL AGGREGATE S				
								PRODUCTS - COMP	/OP AGG	\$	
	AUTOMOBILE LIABILITY						<u> </u>	COMBINED SINGLE	LIMIT	\$	
	ANY AUTO						(Es accident)			\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	r accident)	\$	
	A STOCK OF THE PROPERTY OF THE							(Per accident)		\$ \$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC		s	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTIONS									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	l i						PER STATUTE	OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				İ		E.L. FACH ACCIDENT S			\$		
	(Mandatory In NH) If yes, describe under							E.L. DISEASE - EA E	MPLOYEE :	\$	
Α	DÉSCRIPTION OF OPERATIONS below 3 Year Bond			43057306		0014410040	0014410040	E.L. DISEASE - POLICY LIMIT \$			
^			i	42031300		03/11/2016	03/11/2019	Bond Amount			10,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Public Official Position Schedule Bond 1 Treasurer @ \$5,000 5 Board Members @ \$1,000 each											
CERTIFICATE HOLDER C					CANCELLATION						
Colorado Department of Local Affairs Division of Local Government-Special Districts 1313 Sherman St., Rm 521 Denver, CO 80203					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHORIZED REPRESENTATIVE See EUSE						