DISTRICT COURT, DOUGLAS COUNTY, COLORADO Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80109	₩
IN RE THE MATTER OF MERIDIAN VILLAGE METROPOLITAN DISTRICT NO. 1	▲ 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. 2004 CV 515 Division: 1 Courtroom:
OATH OF OFFICE	
of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of Meridian Village Metropolitan District No. 1 upon which I am about to enter. Signature: John F. Forhan 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.	
By: Title:	
IF SWORN OR AFFIRMED BEFORE A NOTARY, THE FOLLOWING STATE OF COLORADO COUNTY OF Arapahoe Subscribed and sworn to before me this day of May 2018, by John F. I	
SEAL) JENNIFER EADS NOTARY PUBLIC STATE OF COLORADO ***PeNOTARNIGE=2017 491099998 on hs, i.e. County Clerk and Recorder, Clerk of the Court,	

CHATTER



CERTIFICATE OF LIABILITY INSURANCE

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(les) 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. Charles Wilson Insurance Service PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C. No): (303) 368-5863 384 Inverness Parkway Suite 170 Englewood, CO 80112 E-MAIL ADDRESS: Info@wilsonins.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : CNA Surety 0022 INSURED INSURER B : Meridian Village Metropolitan District No. 1 INSURER C : c/o Denver Technological Center 6380 S. Fiddlers Green Circle INSURER D: Greenwood Village, CO 80111 INSURER E : INSURER F: **COVERAGES CERTIFICATE NUMBER: REVISION NUMBER** 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** CLAIMS-MADE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE S PRO-JECT POLICY PRODUCTS - COMP/OP AGG ¢ OTHER: AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) s **ANY AUTO** BODILY INJURY (Per person) \$ OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY NONSONED UMBRELLA LIAR OCCUR **EACH OCCURRENCE EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT 3 Year Bond 05/25/2016 | 05/25/2019 | Bond Amount 14592332 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 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. Colorado Department of Local Affairs **Division of Local Government-Special Districts** 1313 Sherman St., Rm 521 **Denver, CO 80203 AUTHORIZED REPRESENTATIVE**