## CERTIFICATE OF APPOINTMENT

At a noticed meeting on the date of August 21, 2018, pursuant to Section 32-1-905(3), C.R.S., the Board of Directors of the Dominion Water and Sanitation District appointed the following eligible elector to fill a vacancy on the Board of Directors:

Name:

Jeffrey Clark LaForte

Mailing Address: 19153 E Fair Drive

Aurora, CO 80046

This appointment will expire at the next regular election in May of 2020.

DISTRICT COURT, COUNTY OF DOUGLAS, STATE OF COLORADO 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 720-437-6200					
IN RE DOMINION WATER & SANITATION DISTRICT					
Paula J. Williams	▲ COURT USE ONLY ▲				
Suzanne M. Meintzer McGEADY BECHER P.C. 450 E. 17th Avenue, Suite 400 Denver, Colorado 80203 Phone: (303) 592-4380 Fax: (303) 592-4385 E-mail: pwilliams@specialdistrictlaw.com smeintzer@specialdistrictlaw.com Atty. Reg. #: 26928 36795	Case Number: 2004CV1436  Div.: 1 Ctrm.:				
OATH OF DIRECTOR					
I, Jeffrey Clark LaForte, do SWEAR AFFIRM that Constitution of the United States, the Constitution of the State of C State of Colorado, and will faithfully perform the duties of the office Water & Sanitation District upon which I am about to enter to the base Signed:  Signed:  Signed:  Name:  Jeffrey Clark Lale Address:  19153 E Fair Dri Aurora, CO 8001	olorado, and the laws of the ce of director of the Dominion cest of my ability.  Forte				
Subscribed and 🗌 sworn 🏿 affirmed to before me this 21st day of	August, 2018.				

STATE OF COLORADO	)	
COUNTY OF Duglas	) ss. )	
Subscribed and Sworn affirme	ed to before me this _2	1 day of <u>August</u> , 20 18.
Notary's official signature) (	<i>y</i>	KATHRYN RAYBE SUAZO  NOTARY PUBLIC  STATE OF COLORADO  NOTARY ID 20074000377  MY COMMISSION EXPIRES APRIL 22, 2021
(Commission Expiration)		Notary Seal

KIMT01



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 12/19/2016

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).

th	nis certificate does not confer rights to	o the	certi	ficate holder in lieu of su						
PRODUCER				CONTACT NAME:						
	harles Wilson Insurance Service Inverness Parkway Suite 170				PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No): (303) 368-5863					368-5863
	lewood, CO 80112				E-MAIL ADDRES	<sub>ss:</sub> info@wil	lsonins.cor	n		
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURER A: RLI Insurance Company					
INSURED			INSURER B:							
	Sterling Ranch Community		ority	Board	INSURER C:					
	c/o Clifton Larson Allen LLP 8390 E Crescent Pkwy, Suite		)		INSURER D :					
	Greenwood Village, CO 8011				INSURER E :					
					INSURER F:					
co	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESE	ECT TO	WHICH THIS
NSR LTR			SUBR WVD			POLICY EFF	POLICY EXP	LIM	ITS	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD			(IMIM/DD/1111)	(MIM/DD/1111)	EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	1	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	ACTOC CINET							L or doorson,	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYE	E \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	3 Year Bond			LSM0558721		01/06/2017	01/06/2020	Bond Amount	Ť	10,000
Tro	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI lic Official Position Schedule Bond easurer @ \$5,000 pard Members @ \$1,000 each	LES (A	ACORD	0 101, Additional Remarks Schedu		e attached if mor	e space is requir	ed)		
Colorado Department of Local Affairs Division of Local Government-Special Districts 1313 Sherman St., Rm 521				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

ACORD 25 (2016/03)

**Denver, CO 80203** 

**AUTHORIZED REPRESENTATIVE**