DISTRICT COURT	F, DOUGLAS COUNTY,					
STATE OF COLO	RADO					
Court Address:	Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80104					
METROPOLITA DOUGLAS, STAT	R OF BEAR RIDGE N DISTRICT, COUNTY OF TE OF COLORADO		COURT USE ONLY	*		
Attorneys for District: Jeffrey E. Erb, Atty. Reg# 37961 ERB LAW, LLC			Case Number: 2023CV030277			
3900 E. Mexico Av Denver, CO 80210	renue, Suite 300	Div.:	Ctrm:			
Phone Number: (30						
E-mail: jerb@erbla	wiic.com					
	OATH OF OFFIC	E				

STATE OF COLORADO ) COUNTY OF Symmit ) ss.

I, Bobbie Sue Patrick, do [select one: □swear, □affirm or □swear by the everliving God] that I will support the Constitution of the United States, the Constitution of the State of Colorado, and the laws of the State of Colorado, and will faithfully perform the duties of the office of Director of the Bear Ridge Metropolitan District Board upon which I am about to enter to the best of my ability.

Bobbie S. Patrick Bobbie Sue Patrick

Page 1 of 2

## STATE OF COLORADO ) COUNTY OF Summit ) ss.

Subscribed and sworn to before me this  $2\ell$  day of  $\underline{May}$ , 2023 by Bobbie Sue Patrick.

TANIA TERESITA OROZCO-DAVILA NOTARY PUBLIC - STATE OF COLORADO NOTARY ID 20154020568 MY COMMISSION EXPIRES JUN 1, 2023

By: Name: (Person authorized to administer oaths)

SEAL (if notary public)



SARULRAJ

DATE (MM/DD/YYYY)	
E/10/2022	

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BEARRID-01

~		ERT	FICATE OF LIA	ABIL	ITY INS	SURAN	CE		(MM/DD/1111) 19/2023			
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.												
lf	IPORTANT: If the certificate holde SUBROGATION IS WAIVED, subje is certificate does not confer rights t	ct to the	terms and conditions of	f the pol	icy, certain I	policies may						
PRO	DUCER			CONTAC NAME:								
TCV 384	/ Risk Management Inverness Parkway Suite 170			PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No				(303)	368-5863			
	lewood, CO 80112			E-MAIL ADDRES	<sub>ss:</sub> tcwinfo@	tcwrm.cor	n					
				INSURER(S) AFFORDING COVERAGE					NAIC #			
				INSURER A : RLI Insurance Company								
INSU	Bear Ridge Metropolitan Dis	strict		INSURER B :								
	c/o ERB Law, LLC 3900 E Mexico Ave			INSURE								
	Denver, CO 80210			INSURE								
				INSURE	RF:							
	VERAGES CER	TIFICAT	E NUMBER:				<b>REVISION NUMBER:</b>					
IN CI	HIS IS TO CERTIFY THAT THE POLICII DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	PERTAIN	IENT, TERM OR CONDITIO I, THE INSURANCE AFFOR	N OF A	NY CONTRAC THE POLICI EDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS.	ED HEREIN IS SUBJECT	ECT TO	WHICH THIS			
INSR LTR	TYPE OF INSURANCE	ADDL SUBI	R POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тs				
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$				
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$				
							MED EXP (Any one person)	\$				
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY GENERAL AGGREGATE	\$				
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$				
	OTHER:							\$				
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$				
	ANY AUTO						BODILY INJURY (Per person)	\$				
	AUTOS ONLY AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$				
	AUTOS ONLY NON-OWNED AUTOS ONLY						(Per accident)	\$				
	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	N/A					E.L. EACH ACCIDENT	\$				
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYE	\$				
A	If yes, describe under DESCRIPTION OF OPERATIONS below 1 Year Bond		LSM1771791		5/18/2023	5/18/2024	E.L. DISEASE - POLICY LIMIT Public Officials	\$	10,000			
Publ 1 Tre	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ic Official Position Schedule Bond basurer @ \$5,000 ard Members @ \$1,000 each	LES (ACOR	D 101, Additional Remarks Schedu	ule, may bo	e attached if mor	e space is requir	ed)					
CE	RTIFICATE HOLDER			CANC	ELLATION							
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.								
Denver, CO 80203					AUTHORIZED REPRESENTATIVE							

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