


DISTRICT COURT, DOUGLAS COUNTY, STATE OF COLORADO Court Address: Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80104	▲ COURT USE ONLY ▲
IN THE MATTER OF BEAR RIDGE METROPOLITAN DISTRICT, COUNTY OF DOUGLAS, STATE OF COLORADO	
Attorneys for District: Jeffrey E. Erb, Atty. Reg# 37961 ERB LAW, LLC 3900 E. Mexico Avenue, Suite 300 Denver, CO 80210 Phone Number: (303) 626-7125 E-mail: jerb@erblawllc.com	Case Number: 2023CV030277 Div.: Ctrm:
<p style="text-align: center;">OATH OF OFFICE</p>	

STATE OF COLORADO)
 COUNTY OF Jefferson) ss.

I, Cavan Howard, 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.



 Cavan Howard

STATE OF COLORADO)
COUNTY OF Jefferson) ss.

Subscribed and sworn to before me this 30 day of May, 2023 by Cavan Howard.

By: [Signature]
Name: Amber Watson
(Person authorized to administer oaths)

SEAL (if notary public)

**AMBER N WATSON
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20214023774
MY COMMISSION EXPIRES 06/18/2025**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/19/2023

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.

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.

Table with 2 main columns: PRODUCER (TCW Risk Management) and CONTACT INFO (PHONE, FAX, E-MAIL ADDRESS). Includes sub-sections for INSURER(S) AFFORDING COVERAGE (INSURER A-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.

Main table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, Workers Compensation, and a 1 Year Bond.

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

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

Handwritten signature