DISTRICT COUR	T, DOUGLAS COUNTY,						
STATE OF COLC	RADO						
Court Address:	Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80104	_					
METROPOLITA	R OF BEAR RIDGE N DISTRICT, COUNTY OF IE OF COLORADO	▲ COU	URT USE ONLY 🛕				
Attorneys for Distr	rict:						
Jeffrey E. Erb, Atty	y. Reg# 37961	Case Numb	Case Number: 2023CV030277				
ERB LAW, LLC	S-:4- 200						
3900 E. Mexico Av Denver, CO 80210		Div.:	Ctrm:				
Phone Number: (30							
E-mail: jerb@erbla	,						
	OATH OF OFFIC	E					

STATE OF COLORADO ) ss.

I, Tammy Patrick, do [select one: \(\sigma\) swear, \(\sigma\) affirm or \(\sigma\) 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.

Tammy Patrick

STATE OF COLORADO	)
COUNTY OF Densey	) ss. _)
Subscribed and sworn to before me th Patrick.	nis 31st day of May, 2023 by Tammy
Natalie Fleming NOTARY PUBLIC STATE OF COLORADO NOTARY ID# 2020400933 <sup>8</sup> MY COMMISSION EXPIRES 03/06/2024	By: Mature Flemy (Person authorized to administer oaths)
	SEAL (if notary public)



SARULRAJ



## **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. 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).

tn	ils certificate does not confer rights to	tne	certi	ficate noider in lieu of su	cn end	iorsement(s)					
PRODUCER TCW Risk Management					CONTACT NAME: PHONE (A/C, No, Ext): (303) 368-5757  PAX (A/C, No, Ext): (303) 368-5863						
384	Inverness Parkway Suite 170										
Eng	lewood, CO 80112				E-MAIL ADDRESS: tcwinfo@tcwrm.com						
							\-/	RDING COVERAGE			NAIC#
						INSURER A: RLI Insurance Company					
INSURED					INSURER B:						
Bear Ridge Metropolitan District						INSURER C:					
	c/o ERB Law, LLC 3900 E Mexico Ave				INSURER D :						
	Denver, CO 80210				INSURE	RF.					
					INSURER F:						
CO	VERAGES CER	TIEIC	`	NUMBER:	REVISION NUMBE			ABED:			
	HIS IS TO CERTIFY THAT THE POLICIE				IV/L D	EEN ISSUED T					ICY DEDIOD
IN CI	IIIS IS TO CENTIFF THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH I	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A	NY CONTRAC	CT OR OTHER	DOCUMENT WIT	H RESPE	CT TO	WHICH THIS
INSR		ADDL	SUBR			POLICY EFF	POLICY EXP		LIMITS	s	
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	. CLIOT HOMBER		(MIMI/UU/YYYY)	(MM/DD/YYYY)	EACH OCCUPERS			
	CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTE	ED	\$	
	CLAIIVIS-IVIADE CCCOR							PREMISES (Ea occu	irrence)	\$	
								MED EXP (Any one p	person)	\$	
								PERSONAL & ADV II	NJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		\$	
	POLICY PRO- LOC							PRODUCTS - COMP	2/OP AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Pe	·	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)		\$	
	AUTOS ONLY AUTOS ONLY							(Fer accident)		\$	
	UMBRELLA LIAB OCCUR										
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENC		\$	
								AGGREGATE		\$	
	DED RETENTION \$							PER	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE	ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. EACH ACCIDEN	1T	\$	
								E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	ICY LIMIT	\$	
Α	1 Year Bond			LSM1771791		5/18/2023	5/18/2024	Public Officials	3		10,000
Publ	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL ic Official Position Schedule Bond easurer @ \$5,000 ard Members @ \$1,000 each	ES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)			
CEI	RTIFICATE HOLDER				CANO	ELLATION					
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						
	34										