

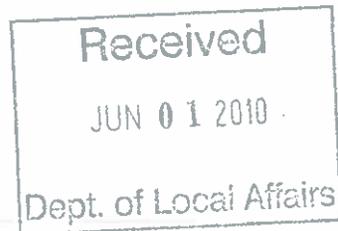


21017 ✓
CA

DONALD WESCOTT FIRE PROTECTION DISTRICT

May 28, 2010

Ms. Casey Laycock
Department of Local Affairs
Division of Local Government
1313 Sherman Street, Room 521
Denver, CO 80203



Dear Ms. Laycock,

In accordance with the 2010 Special District Election laws, enclosed are the necessary documents required for filing the election results for 2010:

- Tab A: Certificate of Election Results
- Tab B: Oaths of Office
- Tab C: Certificate of Liability Insurance
- Tab D: District Contact Information & Data

Please let me know if you need any more information.

Sincerely,

Vincent P. Burns
Assistant Chief

**CANVASS BOARD'S
CERTIFICATE OF OFFICIAL ABSTRACT OF VOTES CAST
(CERTIFICATE OF RESULTS)**

**FOR THE REGULAR ELECTION HELD ON MAY 4, 2010
DONALD WESCOTT FIRE PROTECTION DISTRICT
EL PASO COUNTY, COLORADO**

1-10-203, 1-11-103, and 32-1-104(1), CRS

Each of the undersigned members of the Canvass Board of the Donald Wescott Fire Protection District certifies that the following is a true and correct abstract of the votes cast at the regular election of the Donald Wescott Fire Protection District, at which time the eligible electors of the Donald Wescott Fire Protection District voted as indicated on the attached Judges' Certificate of Election Returns, and as a result of which the eligible electors elected to the office the following Directors:

Mrs. Joyce Hartung
635 Montezuma Road
Colorado Springs, CO 80920

4 - Year Term

Mr. Harland Baker
310 Lariat Lane
Colorado Springs, CO 80921

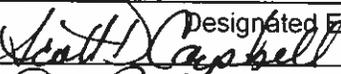
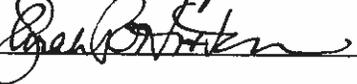
4 - Year Term

Mr. Greg Gent
2725 Stagecoach Road
Colorado Springs, CO 80921

4 - Year Term

The votes cast for and against each ballot issue and ballot question submitted were as follows:

CERTIFIED this 4th day of May, 2010.

	
_____ <i>Vincent P. Burns</i>	Designated Election Official
	_____ Canvasser
	_____ Canvasser

Contact Person for the District:
Business Address of the District:

Assistant Chief Vincent P. Burns
15415 Gleneagle Drive
Colorado Springs, CO 80921
(719) 488-8680

Telephone Number:

BOARD OF DIRECTOR
OATH OF OFFICE

32-1-901, C.R.S., and
Colorado Constitution Article 12, §9

STATE OF COLORADO

EL PASO COUNTY

DONALD WESCOTT FIRE PROTECTION DISTRICT

I, Joyce Hartung, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of Donald Wescott Fire Protection District, upon which I am about to enter.

Joyce Hartung
(signature of oath taker)

Subscribed and sworn to before me this 26 day of MAY, 2010.

By: [Signature]
Kevin Gould, Chairman of the
Board of Directors

**BOARD OF DIRECTOR
OATH OF OFFICE**

32-1-901, C.R.S., and
Colorado Constitution Article 12, §9

STATE OF COLORADO

EL PASO COUNTY

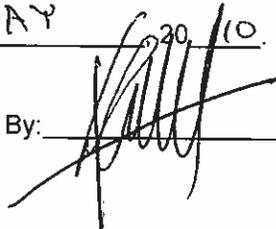
DONALD WESCOTT FIRE PROTECTION DISTRICT

I, HARLAND BAKER, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of Donald Wescott Fire Protection District, upon which I am about to enter.



(signature of oath taker)

Subscribed and sworn to before me this 26 day of MAY, 2010.

By: 

Kevin Gould, Chairman of the
Board of Directors

**BOARD OF DIRECTOR
OATH OF OFFICE**

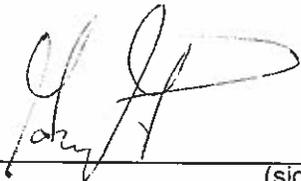
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EL PASO COUNTY

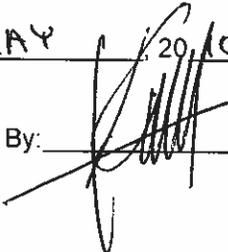
DONALD WESCOTT FIRE PROTECTION DISTRICT

I, GREG GANT, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of Donald Wescott Fire Protection District, upon which I am about to enter.



(signature of oath taker)

Subscribed and sworn to before me this 26 day of MAY, 2010.

By: 

Kevin Gould, Chairman of the
Board of Directors

ACORD TM **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)
05/12/2010

PRODUCER Phone: (970) 686-7120 Fax: (970) 686-7131
EARL MCFARLAND INSURANCE AGENCY INC.
 128 6TH STREET SUITE C
 WINDSOR CO 80550

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: American Alternative Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
DONALD WESCOTT FIRE PROTECTION DISTRICT
 15415 GLENEAGLE DRIVE
 COLORADO SPRINGS CO 80921

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	TR-2064165-1	01/01/10	01/01/11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr> <tr><td>MED. EXP (Any one person)</td><td>\$ 10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 3,000,000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG.</td><td>\$ 3,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED. EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 3,000,000	PRODUCTS-COMP/OP AGG.	\$ 3,000,000
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	GENERAL AGGREGATE	\$ 3,000,000																
	PRODUCTS-COMP/OP AGG.	\$ 3,000,000																
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$				
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BODILY INJURY (Per accident)	\$																	
PROPERTY DAMAGE (Per accident)	\$																	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>AUTO ONLY - EA ACCIDENT</td><td>\$</td></tr> <tr><td>OTHER THAN EA ACC</td><td>\$</td></tr> <tr><td>AUTO ONLY: AGG</td><td>\$</td></tr> </table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN EA ACC	\$	AUTO ONLY: AGG	\$						
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	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$		\$		
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AGGREGATE	\$																	
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%;">WC STATUTORY LIMITS</td> <td style="width: 25%;">OTHER</td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$</td></tr> <tr><td>E.L. DISEASE-EA EMPLOYEE</td><td></td><td>\$</td></tr> <tr><td>E.L. DISEASE-POLICY LIMIT</td><td></td><td>\$</td></tr> </table>		WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT		\$	E.L. DISEASE-EA EMPLOYEE		\$	E.L. DISEASE-POLICY LIMIT		\$
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E.L. DISEASE-POLICY LIMIT		\$																
A		OTHER: Commercial Crime	TR-2064165-1	01/01/10	01/01/11													

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 The purpose is to show coverages under Commercial Crime for 4 Directors each at \$50,000, 1 Administrative Assistant at \$75,000 and 1 Treasurer at \$100,000; all with Faithful Performance.

CERTIFICATE HOLDER	CANCELLATION
DEPARTMENT OF LOCAL AFFAIRS DIVISION OF LOCAL GOVERNMENT Attention:	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <div style="text-align: right; margin-top: 10px;">  Antonia T. Spence </div>

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.