

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

**FOR THE REGULAR ELECTION HELD ON MAY 4, 2010  
NORTH WASHINGTON FIRE PROTECTION DISTRICT  
ADAMS COUNTY, COLORADO**

Each of the undersigned members of the Canvass Board of the NORTH WASHINGTON FIRE PROTECTION DISTRICT ("DISTRICT") certifies that the following is a true and correct abstract of the votes cast at the regular election of the District, at which time the eligible electors of the 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 following Directors:

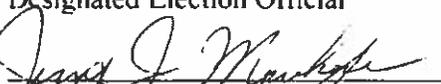
NAME	ADDRESS	TERM
George V. Mazzotti	7340 Race St. Denver CO 80229	4-year
Richard L. Claice	7941 Grant St. Denver CO 80229	4-year
Jerry J. Marchese	740 Downing Way Denver CO 80229	4-year

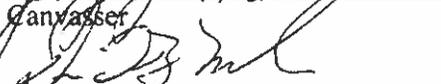
That the votes cast for Ballot Issue B were as follows:

	<u>Total Votes Cast</u>
YES	2,102
NO	794

CERTIFIED this 6<sup>th</sup> day of May, 2010.

  
\_\_\_\_\_  
Designated Election Official

  
\_\_\_\_\_  
Canvasser

  
\_\_\_\_\_  
Canvasser

**JUDGES' CERTIFICATE OF ELECTION RETURNS AND  
STATEMENT OF BALLOTS**

**NORTH WASHINGTON FIRE PROTECTION DISTRICT  
ADAMS COUNTY, COLORADO**

IT IS HEREBY CERTIFIED by the undersigned who conducted the election held in the North Washington Fire Protection District, Adams County, Colorado, on the 4th day of May, 2010, that after qualifying by swearing and subscribing to their Oaths of Office, they opened the polls at 7:00 a.m., and that they kept the polls open continuously until the hour of 7:00 p.m. on said date, after which they counted the ballots cast for Directors of said District which were duly submitted.

**JUDGES' CERTIFICATE OF RETURNS:**

That the votes cast for Director of the District for a 4-year term were as follows:

**Candidate for Director**

**Total Votes Cast (numeric and spelled out):**

George V. Mazzotti

1809 one thousand eight hundred nine

Richard L. Claice

1625 one thousand six hundred twenty five

Jerry J. Marchese

1592 one thousand five hundred ninety two

That the votes cast for Ballot Issue B were as follows:

**Total Votes Cast (numeric and spelled out):**

YES

2102 two thousand one hundred two

NO

794 seven hundred ninety four

**STATEMENT OF BALLOTS:**

It is hereby identified and specified that:

**Numeric and Spelled Out**

Total number of ballots  
issued to voters:

9910 nine thousand nine hundred ten

Ballots returned undeliverable:

769 four hundred sixty nine

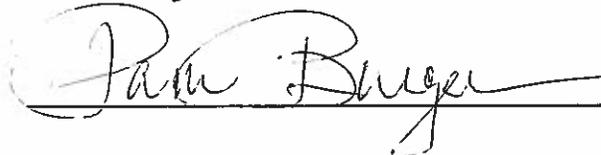
**North Washington Fire Protection District  
Judges' Certificate of Election Returns and  
Statement of Ballots (continued)**

<b>Total number of ballots voted:</b>	<u>2860 two thousand eight hundred sixty</u>
<b>Ballots delivered to voters that were not cast:</b>	<u>7083 Seven thousand eighty three</u>
<b>Spoiled</b>	<u>0 zero</u>
<b>Rejected</b>	<u>33 thirty-three</u>
<b>Defective</b>	<u>0 zero</u>
<b>Not Returned</b>	<u>7050 seven thousand fifty</u>
<b>Ballots not delivered to voters (not cast/unused)</b>	<u>290 two hundred ninety</u>

**CERTIFIED THIS 4TH DAY OF MAY, 2010.**

, Election Judge

, Election Judge

, Election Judge

North Washington Fire Protection District Board Member 2010

President: Jerry J. Marchese,  
740 Downing ✓  
Denver, CO 80229

Vice President: Joseph P. Domenico ✓  
2070 E. 68<sup>th</sup> Avenue ✓  
Denver, CO 80229

Secretary: George V. Mazzotti ✓  
7340 Race St. ✓  
Denver, CO 80229

Treasurer: Eugene J. Brienza ✓  
2030 E. 68<sup>th</sup> Ave. ✓  
Denver, CO 80229

Asst. Secretary: Richard L. Claice ✓  
7941 Grant ✓  
Denver, CO 80229

BOARD OF DIRECTOR  
OATH OF OFFICE

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

STATE OF COLORADO

ADAMS

COUNTY

NORTH WASHINGTON FIRE PROTECTION

DISTRICT

I, JERRY J. MARCHESE, 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 NORTH WASHINGTON FIRE PROTECTION District, upon which I am about to enter.

Jerry J. Marchese  
(signature of oath taker)

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

By: Sharon K Hageman  
(Person authorized to administer oaths, i.e.

County Clerk and Recorder, Clerk of the Court, Chairman of the Board of Directors, or any other person authorized to administer oaths)

IF SWORN OR AFFIRMED BEFORE A NOTARY THE FOLLOWING SHOULD BE COMPLETED.

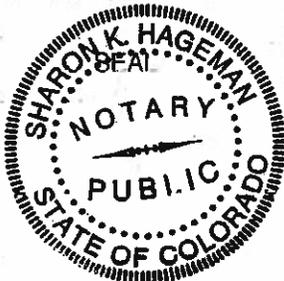
STATE OF COLORADO )  
COUNTY OF ADAMS ) ss.

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

**My Commission Expires May 8, 2012**

(notary commission expiration)

Sharon K Hageman  
(notary signature)







**ACORD** TM. **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)  
05/26/2010

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: <b>American Alternative Insurance Company</b>	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED  
**NORTH WASHINGTON FIRE PROTECTION DISTRICT**  
 8055 NORTH WASHINGTON  
 DENVER CO 80229

**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		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" 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-2061511-2	01/01/10	01/01/11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>MED. EXP (Any one person)</td><td style="text-align: right;">\$ 10,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 3,000,000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG.</td><td style="text-align: right;">\$ 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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PRODUCTS-COMP/OP AGG.	\$ 3,000,000																	
	<b>AUTOMOBILE LIABILITY</b> <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 style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$				
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	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>AUTO ONLY - EA ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>OTHER THAN AUTO ONLY: EA ACC</td><td style="text-align: right;">\$</td></tr> <tr><td>AGG</td><td style="text-align: right;">\$</td></tr> </table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY: EA ACC	\$	AGG	\$						
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	<b>EXCESS / UMBRELLA LIABILITY</b> <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 style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$		\$		
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	\$																	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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%;"><input type="checkbox"/> WC STATUTORY LIMITS</td> <td style="width: 50%;"><input type="checkbox"/> OTHER</td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE-EA EMPLOYEE</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE-POLICY LIMIT</td><td style="text-align: right;">\$</td></tr> </table>	<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> 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-2061511-2	01/01/10	01/01/11													

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS**  
 Purpose is to show coverages under Commercial Crime for PEBB at \$10,000, 3 Directors at \$100,000 each, 1 Secretary at \$100,000, 1 Treasurer at \$100,000, 1 Fire Chief at \$100,000, 1 Office Manager at \$250,000 and 1 Payroll/HR Manager at \$250,000, 1 Director at \$100,000 for North Washington FPD Ambulance Enterprise; all with Faithful Performance.

<p><b>CERTIFICATE HOLDER</b></p> <p>DEPARTMENT OF LOCAL AFFAIRS                  DIVISION OF LOCAL GOVERNMENT</p> <p>Attention:</p>	<p><b>CANCELLATION</b></p> <p>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.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: right;"><i>Antonia T. Spence</i> Antonia T. Spence</p>
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## **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.