



Deferral Program

Colorado Special Districts Property and Liability Pool Comprehensive Crime Certificate Holder Declarations

Master Coverage Policy Number: CCP0037259

Certificate Number: 25C60409-1170

Coverage Period: 1/1/2012 Until Cancelled

Billing Period: 1/1/2012 to 1/1/2013

Named Member:

Eagle Creek Metropolitan District
c/o Seter & Vander Wall, P.C.
7400 E. Orchard Rd., Suite 3300
Greenwood Village, CO 80111

Broker of Record:

Covered ERISA Plan:

Coverage, Limits of Insurance and Deductibles:

Limits:

Public Employee Dishonesty Coverage:

\$5,000

- Limit is Per Loss
- Faithful Performance of Duty
- Officers, Directors and Trustees
- Includes Welfare and Pension Plan ERISA Compliance if Covered Plan is shown on application
- Includes Volunteer Workers as Employees

Forgery or Alteration Coverage:

\$5,000

Theft, Disappearance and Destruction Coverage:

Primary \$5,000 deductible provided by Money and Securities Section of the Pool's Property Coverage Document, otherwise Crime deductible below will apply

Inside Premises	Deductible	\$5,000.00	\$5,000
Outside Premises	Deductible	\$5,000.00	\$5,000

Computer Fraud and Funds Transfer Fraud Coverage:

Limits are equal to Employee Dishonesty Coverage, or \$25,000 or, whichever is less

Money Orders and Counterfeit Paper Currency Coverage:

\$5,000

Crime Deductible: \$100.00

Contribution: \$108.20

Policy Forms:

- CR 00260506 Government Crime Policy
- CR 25070300 Includes Specified Directors or Trustees on Committee as Employees
- CR 25080300 Includes Specified Non-Compensated Officers as Employees
- CR 25090300 Includes Volunteer Workers as Employees
- CR 25190506 Faithful Performance of Duty
- CR 25120300 Includes Treasurers or Tax Collectors as Employees
- CR 02151104 Colorado Changes
- U-CR-129-A Named Insured

This Certificate Holder Declaration is made and is mutually accepted by the Pool and the Named Member subject to all terms which are made a part of the Master Comprehensive Crime Policy. This Certificate represents only a brief summary of coverages. Please refer to the Master Policy Document for actual coverage, terms, conditions, and exclusions.

Countersigned by: _____

Authorized Representative

Monday, November 14, 2011