



**Colorado Special Districts
Property and Liability Pool**

Named Member:

Aerotropolis Regional Transportation Authority
c/o CliftonLarsonAllen LLP
8390 East Crescent Parkway, Suite 300
Greenwood Village, CO 801112814

Broker of Record:

T. Charles Wilson Insurance Service
384 Inverness Parkway
Suite 170
Englewood, CO 80112

Coverage No.	Entity ID	Effective Date	Expiration Date	Invoice Date
POL-0002369	61647	1/1/2020	EOD 12/31/2020	12/4/2019

Coverage	Contribution
Hired Auto Physical Damage	\$ 65.00
Non-Owned Auto Liability	\$ 132.00
General Liability	\$ 676.00
No-Fault Water/Sewer Backup	\$ 36.00
Crime	\$ 135.00
Public Officials Liability	\$ 487.00
Excess	\$2,000.00
Total Contribution	\$3,531

The following discounts are applied (Not applicable to minimum contributions):

10% Direct Discount

Please include a copy of the invoice with your check.

Please Remit Payment to:

Colorado Special Districts Property and Liability Pool
PO Box 1539
Portland, OR 97207-1539

Payment Due Upon Receipt

Payment evidences acceptance of this coverage. NOTE: Terms of the Intergovernmental Agreement require timely payment to prevent automatic cancellation of coverage. Only the Colorado Special Districts Property and Liability Pool Board of Directors can extend the cancellation provision.

Public Entity Liability and Auto Physical Damage Certificate Holder Declaration

Master Coverage Document Number: PEL 01 01 20

Certificate Number: POL-0002369

Named Member:

Aerotropolis Regional Transportation Authority
c/o CliftonLarsonAllen LLP
8390 East Crescent Parkway, Suite 300
Greenwood Village, CO 80112814

Coverage Period: 1/1/2020 to EOD 12/31/2020

Broker of Record:

T. Charles Wilson Insurance Service
384 Inverness Parkway
Suite 170
Englewood, CO 80112

Coverage is provided only for those coverages indicated below for which a contribution is shown.

Coverage	Per Occurrence Limit	Annual Aggregate Limit	Deductible	Contribution
Public Entity Liability Coverage including:	\$2,000,000	None		
General Liability	Included	None	None	\$676
Medical Payments - Premises	\$10,000	None	None	Included
Employee Benefits Admin. Liability	Included	None	None	Included
Public Officials Liability	Included	None	\$1,000	\$487
Employment Practices Liability	Included	None	*\$100,000	Included
Pre Loss Legal Assistance	\$3,500	\$7,000	None	Included
No-Fault Water & Sewer Backup	\$10,000 Per Premises, \$200,000 Per Occurrence	***\$1,000,000	\$500	\$36
Cyber Liability	\$200,000	**\$200,000	\$1,000	Included
Fiduciary Liability	\$200,000	**\$200,000	\$1,000	Included
Excess Liability - Coverage agreements A,B,C,D	\$8,000,000	None	None	\$2,000
Auto Liability	No Coverage	No Coverage	N/A	No
Medical Payments – Auto	No Coverage	No Coverage	N/A	No
Non-Owned/Hired Auto Liability	Included	None	None	\$132
Uninsured/Underinsured Motorist	No Coverage	No Coverage	N/A	No
Auto Physical Damage†	No Coverage	No Coverage	N/A	No
Hired Auto Physical Damage	\$50,000	N/A	\$500/\$500	\$65
Auto Physical Damage - Employee Deductible Reimbursement	\$2,500	N/A	None	Included

Total Contribution 3,396.00

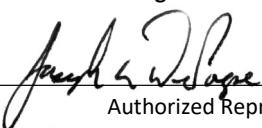
*Employment Practices Liability Deductible: 50% of loss including Indemnity and Legal Expenses subject to a maximum deductible of *\$100,000 each occurrence.

**A \$1,000,000 All Member Annual Aggregate Limit shall apply to: Cyber Liability and Fiduciary Liability.

***No-Fault Water & Sewer Backup has \$1,000,000 All Member Annual Aggregate Limit.

Additional Endorsements applicable to Member:

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

Countersigned by:  _____
Authorized Representative

Date: 12/4/2019

Comprehensive Crime Certificate Holder Declaration

Master Coverage Document Number: CR 00 26 11 15

Certificate Number: POL-0002369

Named Member:

Aerotropolis Regional Transportation Authority
c/o CliftonLarsonAllen LLP
8390 East Crescent Parkway, Suite 300
Greenwood Village, CO 801112814

Insurer: Fidelity and Deposit Company of Maryland

Coverage Period: 1/1/2020 to EOD 12/31/2020

Broker of Record:

T. Charles Wilson Insurance Service
384 Inverness Parkway
Suite 170
Englewood, CO 80112

Covered ERISA Plan:

Covered Designated Agent(s):


Coverage Limits:

Public Employee Dishonesty Coverage:	\$5,000
Limit is Per Loss	
Faithful Performance of Duty	
Officers, Directors, and Trustees	
Welfare and Pension Plan ERISA Compliance if Covered Plan is shown	
Volunteer Workers as Employees	
Forgery or Alteration Coverage:	\$5,000
Theft, Disappearance, and Destruction Coverage:	\$5,000
Inside Premises	
Outside Premises	
Computer and Funds Transfer Fraud Coverage:	\$5,000
Debit, Credit or Charge Card Forgery Coverage:	\$5,000
Money Orders and Counterfeit Paper Currency Coverage:	\$5,000
Fraudulent Impersonation Coverage:	\$5,000
Crime Deductible:	\$100
Fraudulent Impersonation Deductible:	20% of Fraudulent Impersonation Limit
Contribution:	\$135

Policy Forms:

- CR 00260506 Government Crime Policy
- CR 25070300 Include Specified Directors or Trustees on Committee as Employees
- CR 25080300 Include Specified Non-Compensated Officers as Employees
- CR 25090300 Include Volunteer Workers as Employees
- CR 25190506 Add Faithful Performance of Duty
- CR 25120300 Include Treasurers or Tax Collectors as Employees
- CR 02151104 Colorado Changes
- CR 25200300 Debit, Credit or Charge Card Forgery
- CR 25020506 Include Designated Agents as Employees, when listed
- CR 04171115 Fraudulent Impersonation

This Certificate Holder Declaration is made and is mutually accepted by the CSD 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

Identity Recovery Certificate Holder Declaration

Master Coverage Policy Number:
Colorado Special Districts 2009 CP IDR Form 01 01 20

Insurer:
The Hartford Steam Boiler Inspection
and Insurance Company

Certificate Number: POL-0002369

Coverage Period: 1/1/2020 to EOD 12/31/2020

Named Member:
Aerotropolis Regional Transportation Authority
c/o CliftonLarsonAllen LLP
8390 East Crescent Parkway, Suite 300
Greenwood Village, CO 80112814

Broker of Record:
T. Charles Wilson Insurance Service
384 Inverness Parkway
Suite 170
Englewood, CO 80112

Member:

All permanent employees and District Board members participating in the Colorado Special Districts Property and Liability Pool; Special District Association of Colorado staff and Board of Directors.

Coverage:

Reimbursement coverage for expenses arising from a defined "Identity Theft" event. Including: legal fees for answer of civil judgements and defense of criminal charges; phone, postage, shipping fees; notary and filing fees; credit bureau reports; lost wages; child/elder care and mental health counseling.

This coverage does not reimburse the member for monies stolen or fraudulently charged to the member, and excludes loss arising from the member's fraudulent, dishonest or criminal act.

Annual Aggregate Limit per Member: \$35,000

Case Management Service Expenses - does not reduce the limit available

Legal Costs - reduces the limit available

Sub Limits:

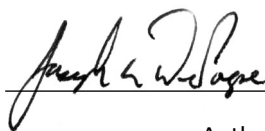
\$5,000	Lost Wages and Child/Elder Care
\$1,000	Mental Health Counseling
\$1,000	Miscellaneous Expenses

Coverage Trigger: Coverage is provided on a discovery basis with a 60-day reporting requirement

Claims: For Recovery Assistance and Counseling, please call 1-800-945-4617

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

Countersigned by:



Authorized Representative

Date: 12/4/2019

Annual Comparison of 2020 and 2019 contributions.
Loss Ratios based on participation years from 2012 to 2019

Aerotropolis Regional Transportation Authority

Year	Contribution
2020	\$3,531.00
2019	\$1,608.66
Difference	\$1,922.34
% Difference	119.50%

General Liability	Contribution	TOE
Yr. 2020	\$676.00	\$173,500.00
Yr. 2019	\$751.59	\$200,200.00
Difference	-\$75.59	-\$26,700.00
% Difference	-10.06%	-26700.00%
Loss Ratio	0.00%	

Equipment Breakdown	Contribution
Yr. 2020	\$0.00
Yr. 2019	\$0.00
Difference	\$0.00
% Difference	0.00%
Loss Ratio	0.00%

Auto Liability	Contribution	Auto Count
Yr. 2020	\$132.00	0
Yr. 2019	\$132.00	0
Difference	\$0.00	0
% Difference	0.00%	0.00%
Loss Ratio	0.00%	

Crime	Contribution
Yr. 2020	\$135.00
Yr. 2019	\$133.31
Difference	\$1.69
% Difference	1.27%
Loss Ratio	0.00%

Auto Physical Damage	Contribution	TIV
Yr. 2020	\$65.00	\$0.00
Yr. 2019	\$65.00	\$0.00
Difference	\$0.00	\$0.00
% Difference	0.00%	0.00%
Loss Ratio	0.00%	

Public Officials Liability	Contribution	EE Count
Yr. 2020	\$487.00	0
Yr. 2019	\$487.00	0
Difference	\$0.00	0
% Difference	0.00%	0.00%
Loss Ratio	0.00%	

Property Incl IM	Contribution	TIV
Yr. 2020	\$0.00	\$0.00
Yr. 2019	\$0.00	\$0.00
Difference	\$0.00	\$0.00
% Difference	0.00%	0.00%
Loss Ratio	0.00%	

Excess Liability	Contribution
Yr. 2020	\$2,000.00
Yr. 2019	\$0.00
Difference	\$2,000.00
% Difference	0.00%
Loss Ratio	0.00%

Earthquake	Contribution
Yr. 2020	\$0.00
Yr. 2019	\$0.00
Difference	\$0.00
% Difference	0.00%
Loss Ratio	0.00%

Flood	Contribution
Yr. 2020	\$0.00
Yr. 2019	\$0.00
Difference	\$0.00
% Difference	0.00%
Loss Ratio	0.00%

No Fault	Contribution
Yr. 2020	\$36.00
Yr. 2019	\$39.76
Difference	-\$3.76
% Difference	-9.46%
Loss Ratio	0.00%

**General Liability Schedule
Transit District**

Proposal Number: POL-0002369

Coverage Period: 1/1/2020 - EOD 12/31/2020

Named Member: Aerotropolis Regional Transportation Authority

Broker:

Code	Description	Unit	Amount	Effective Date	Expiration Date
4	4-Maximum Bond Issued	Dollars	0.00	1/1/2020	12/31/2020
5	5-Number of Bonds Issued	Total	0.00	1/1/2020	12/31/2020
98	98-Additional First Named Members	Total	0.00	1/1/2020	12/31/2020
105	105-Total Operating Expenses - Any other	Dollars	0.00	1/1/2020	12/31/2020
142	142-Total Operating Expenses - Transit	Dollars	173,500.00	1/1/2020	12/31/2020
215	215-Buildings & Premises Occupied by District	Sq. Ft.	0.00	1/1/2020	12/31/2020
270	270-Number of Aboveground Storage Tanks (excluding water tanks)	Total	0.00	1/1/2020	12/31/2020
348	348-Number of Board Members	Total	5.00	1/1/2020	12/31/2020
350	350-Number of Permanent Employees - Full-Time	Total	0.00	1/1/2020	12/31/2020
351	351-Number of Permanent Employees - Part-Time	0	0.00	1/1/2020	12/31/2020
366	366-Total Payroll	Dollars	0.00	1/1/2020	12/31/2020
420	420-Vacant Land	Acres	0.00	1/1/2020	12/31/2020
900	900-Services Contracted out to Others	Dollars	140,300.00	1/1/2020	12/31/2020
997	997-Number of district sponsored Events/Fundraisers - No Alcohol Served	Total	0.00	1/1/2020	12/31/2020
998	998-Number of District sponsored Events/Fundraisers – With Alcohol Served	Total	0.00	1/1/2020	12/31/2020
999	999-Prior Acts Coverage Under a Previous "Claims Made" Policy	0	0.00	1/1/2020	12/31/2020
341	341-Club/Recreation/Camp Volunteers	Total	0.00	1/1/2020	12/31/2020
342	342-Day Care Volunteers	Total	0.00	1/1/2020	12/31/2020
344	344-Event Organizer Volunteers	Total	0.00	1/1/2020	12/31/2020

345	345-General Volunteers	Total	0.00	1/1/2020	12/31/2020
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If your district has exposures not listed on the General Liability schedule above, such as airplanes, security staff, bridges, drones, etc., please furnish details. Certain activities may be excluded or restricted.

Excess Liability Options Proposal For 2020

This Proposal Does Not Bind Coverage

This report demonstrates what it would cost your district to increase coverage from your current limit of liability to a higher limit.

Named Member: Aerotropolis Regional Transportation Authority

Certificate Number: POL-0002369

<u>Excess Limit</u>	<u>Annual Excess Contribution</u>	<u>Change in Contribution</u>
\$1,000,000	\$330	-\$1,670
\$2,000,000	\$570	-\$1,430
\$3,000,000	\$810	-\$1,190
\$4,000,000	\$1,020	-\$980
\$5,000,000	\$1,250	-\$750
\$6,000,000	\$1,500	-\$500
\$7,000,000	\$1,750	-\$250
\$8,000,000*	\$2,000	\$0

* This is your current excess limit.

Note: This is not your Coverage Document. It was created solely for informational purposes.

Wednesday, December 4, 2019

Renewal Documents and Invoice January 1, 2020 to EOD December 31, 2021

Acceptance of this coverage is evidenced only by payment of the enclosed invoice by January 1, 2020. Please review the attached Coverage Contribution instructions for details about your payment.

The following renewal documents are enclosed where applicable:

1. Invoice: Payment is due upon receipt. Please return a copy of the invoice with your payment to ensure that it is applied correctly.
2. Coverage Declaration Pages: Limits and deductible descriptions for all coverage provided. Full coverage manuals are available on your dashboard or at csdpool.org/documents.
3. Schedules: The list of exposures and values.
4. Certificates of coverage: Originals are mailed directly to the Certificate Holders.
5. Automobile identification cards: Hard copies will be mailed.
6. Quote for Excess Liability limits: Limits of up to \$8 million, in excess of the primary \$2 million Liability limit, are available. We recommend higher limits primarily due to special districts' unlimited liability to federal civil rights, discrimination, harassment, whistle blowing, and other employment-related practices
7. Net loss ratio comparison report by line of coverage: A comparison of losses over the last two years.



Renewal Notice

The annual contribution for your coverage with the Pool is due upon receipt of the invoice. To make a payment, please mail your check to

Colorado Special Districts Property & Liability Pool
PO Box 1539
Portland, OR 97207

For express or overnight mail services, please use the address below:

McGriff, Seibels & Williams, Inc.
1800 SW 1st Ave, Suite 400
Portland, OR 97201

Please include a copy of the invoice with your payment to ensure that it is accurately applied.

The Pool does not accept credit card payments; however, if you would like to make payment via wire transfer, please let us know and we will be happy to provide you with the wiring instructions.

Please be advised that in accordance with the Intergovernmental Agreement (IGA), automatic expulsion will occur on the 60th day should your account not be current. If you wish to reinstate your district's coverage after cancellation has occurred, a \$100 reinstatement fee will apply.

If your district requires a payment extension, please submit a request in writing by December 1, 2019 for consideration by the CSD Pool Board of Directors.

Another requirement for maintaining coverage with the Pool is adoption of the IGA and Resolution by each District's Board of Directors. The signed and executed agreements must be on file with the Pool Administrator within 60 days of initial binding of coverage with the Pool. This document is not required each year at renewal.

Finally, all members in the Pool must be members in good standing with the Special District Association of Colorado (SDA). The CSD Pool will non-renew coverage if the SDA determines that your membership dues are not current.

For billing questions, please contact Henry Atkinson at hatkinson@mcgriff.com or 503-943-6625.



CERTIFICATE OF COVERAGE

Certificate Number
CERT-006192

ADMINISTRATOR Colorado Special Districts Property and Liability Pool c/o McGriff, Seibels & Williams, Inc. PO Box 1539 Portland, OR 97207-1539	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.
NAMED MEMBER Aerotropolis Regional Transportation Authority c/o CliftonLarsonAllen LLP 8390 East Crescent Parkway, Suite 300 Greenwood Village, CO 80112814	COMPANIES AFFORDING COVERAGE COMPANY A: Colorado Special Districts Property and Liability Pool COMPANY B: COMPANY C: COMPANY D: COMPANY E:

COVERAGES

THIS IS TO CERTIFY THAT COVERAGE DOCUMENTS LISTED HEREIN HAVE BEEN ISSUED TO THE NAMED MEMBER HEREIN FOR THE COVERAGE 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 COVERAGE AFFORDED BY THE COVERAGE DOCUMENTS LISTED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH COVERAGE DOCUMENTS.

CO LTR	Type of Coverage	Coverage #	Effective Date	Expiration Date	LIMITS	
A	General Liability	POL-0002369	01/01/20	12/31/20	General Aggregate	Unlimited
	<input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Public Officials Liability <input checked="" type="checkbox"/> Employment Practices <input checked="" type="checkbox"/> Occurrence	*Except that for claims, occurrences or suits to which the monetary limits of the Colorado Immunity Act, C.R.S. & 24-10-101, et.seq., as amended, apply, there shall be a further sublimit of (a) \$387,000 for an injury to any one person in any single occurrence; and (b) \$1,093,000 for an injury to two or more persons in any single occurrence; but in the event of an injury to two or more persons in any single occurrence, the sublimit shall not exceed \$387,000 for each injured person.			Each Occurrence*	\$2,000,000
	Automobile Liability <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Each Occurrence*	
	Auto Physical Damage <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos					
	Excess Liability <input type="checkbox"/> Other Than Umbrella Form				General Aggregate	
					Each Occurrence*	
	Property <input type="checkbox"/>					

Description:
Evidence of Coverage Only

CERTIFICATE HOLDER CliftonLarsonAllen 8390 E. Crescent Parkway, Ste 500 Greenwood Village, CO 80111	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE COVERAGE FORM PROVISIONS.
	AUTHORIZED REPRESENTATIVE: By: Joseph E. DePaepe
	Date: December 4, 2019