RESOLUTION
OF THE
BOARD OF DIRECTORS OF THE
WARD TOD METROPOLITAN DISTRICT NO. 1

A Resolution Providing for Director's Exclusion from Workers' Compensation Coverage

WHEREAS, the Ward TOD Metropolitan District No. 1 is a quasi-municipal corporation and political subdivision of the State of Colorado; and

WHEREAS, pursuant to Section 8-40-202(1)(a)(I)(B), C.R.S., the District may exclude appointed officials from the definition of "employee" within the meaning of Section 8-40-202(1)(a), C.R.S.; and

WHEREAS, the District has found and does hereby find that it is in the best interests of the District to exclude appointed officials from workers' compensation coverage as permitted by such statute.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Ward TOD Metropolitan District No. 1, Jefferson County, Colorado, that:

1. Pursuant to Section 8-40-202(1)(a)(I)(B), C.R.S., the appointed officials of the Ward TOD Metropolitan District No. 1 shall not be deemed to be an employee within the meaning of Section 8-40-202(1)(a), C.R.S. Such exclusion shall apply for all policy years until such time as the exclusion may be repealed by the Board of Directors of the District.

2. The Secretary of the District shall provide notice to such excluded officials promptly.

3. This Resolution shall be effective immediately.

RESOLVED, this 3rd day of July, 2012.

WARD TOD METROPOLITAN DISTRICT NO. 1

By: _____
President

ATTEST:

_____
Secretary

Department of Labor and Employment
Division of Workers' Compensation
633 17th St., Suite 400, Denver, CO 80202-3660
Telephone: 303.318.8744 Fax: 303.318.8739

EXCLUSION OF UNCOMPENSATED PUBLIC OFFICIALS

Name of Agency: WARD TOD METROPOLITAN DISTRICT NO. 1

Federal Employer Identification # (FEIN): 30-0744102 Business Phone #: (303) 839-3800

Mailing Address: 1700 Lincoln Street, Suite 3800, Denver, Colorado 80203

If Self-Insured Employer, enter the Permit Number: N/A

If not Self-Insured, enter the workers' compensation insurance carrier name and policy number: N/A

Upcoming Policy Period: From: 5/2012 (Month / Year) To: perpetual (Month / Year)

List the Governing Body for the Agency, Category of uncompensated officials (i.e. board, commission, etc.) or any combination of categories of such officials that you are opting to exclude from coverage for the upcoming policy year, Names of Officials and Social Security Numbers of Officials (Attach additional pages if needed):

Name of Governing Body: Board of Directors of the Ward TOD Metropolitan District No. 1, Jefferson County, Colorado

Category	Name of Official	Official's Social Security #

C.R.S. section 8-40-202(1)(a)(I)(B) provides an option to exclude from workers' compensation insurance coverage uncompensated elected or appointed officials. You must promptly notify each official of your exercise of the option to exclude them. This form must be filed with the Division of Workers' Compensation not less than forty-five (45) days before the start of the policy period for which the option is to be exercised. Attach governing body's resolution.

By signing this form, you are certifying that the above-named uncompensated, elected or appointed public officials are designated to be excluded from worker's compensation coverage for the upcoming policy year, pursuant to C.R.S. section 8-40-202(1)(a)(I)(B). You are also certifying that these officials have been notified of this exclusion.

Signature: _____

Print Name: Brian C. Mott

Date: July 3, 2012 Title: President

Submit this form with the Governing Body's Resolution to: Division of Workers' Compensation, Coverage Enforcement Unit, 633 17th St., Suite 400, Denver, CO 80202-3660. If insured, please make a copy of this completed form and send it to your insurance carrier. If you have any questions, contact the Division of Workers' Compensation Customer Service Unit at 303.318.8700.

C.R.S. section 10-1-128(6)(a) states: " It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."