COLORADO SCHOOL DISTRICTS SELF INSURANCE POOL CERTIFICATE OF COVERAGE



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 POLICY BELOW.

MEMBER: ATTN: ADDRESS: CITY, STATE ZIP:

Colorado School Districts Self Insurance Pool, 6857 South Spruce St.

Centennial, Colorado 80112

(303) 722-2600 (303) 722-7888 Fax

POLICY NUMBER: POLICY PERIOD:

07/01/2011 to 07/01/2012

THIS IS TO CE RTIFY THAT THE P OLICY OF COVERAGE LISTED BELOW HAS BEEN ISSUED TO THE MEMBER 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 COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, DEFINITIONS AND CONDITIONS OF SAID POLICY. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF COVERAGE	LIMITS/DEDUCTIBLES					
SCHOOL ENTITY LIABILITY Occurrence Form	EACH OCCURRENCE OR WRONGFUL ACT	\$	5,000,000			
	ANNUAL AGGREGATE LIMIT	\$	5,000,000			
	MEDICAL EXPENSE (Per person/Per accident)	\$	1,000/\$10,000			
AUTOMOBILE Any Auto, Hired and Non-Owned	LIMIT PER ACCIDENT	\$	5,000,000			
Medical Payments	LIMIT PER ACCIDENT/PER PERSON	\$	5,000			
PROPERTY						
Special Form	BUILDING/ BUSINESS PERSONAL PROPERTY LIMIT	\$	1,000,000,000			
	DEDUCTIBLE	\$	100,000			
Auto Physical Damage Coverage	AUTO PHYSICAL DAMAGE DEDUCTIBLE	\$	N/A			
	PROPERTY DAMAGE TO PREMISES RENTED TO YOU CATIONS/VEHICLES/SPECIAL ITEMS	\$	500,000			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

As respects to t	he State of	f Colorado Bu	ilding Excellent	Schools Today's Sul	olease of	School District and
State of Colorac	lo Building	Excellent Sc	hools Today Site	e Lease for	located at	
for the \$	for	project.				

CERTIFICATE HOLDER:

Zions First National Bank as Trustee under the State of Colorado Building Excellent Schools Today Master Trust Indenture Attn: Gina M Reina 1001 17th Street, Suite 1050 Denver, CO 80202 CANCELLATION: SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE, WE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIF ICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO O BLIGATION OR LIAB ILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE