

# COLORADO AUTO INSURANCE IDENTIFICATION

**NAME OF INSURED:** Larimer County Government

**EXPIRATION DATE:** October 8, 2027

This vehicle is self-insured by Larimer County Government under authorization of the State of Colorado Division of Insurance.

All communication regarding any incidents this vehicle is involved in should be directed to:

Larimer County  
Risk Management Division  
Risk@larimer.org  
PO Box 1190 Fort Collins, CO 80522



**Colorado Division of Insurance**  
**DEPARTMENT OF REGULATORY AGENCIES**  
**CERTIFICATE OF SELF-INSURANCE**

This is to Certify that: **Larimer County Government**

is (are) hereby granted this certificate of self-insurance pursuant to Part 6, Article 4, Title 10 of the Colorado Revised Statutes.

This certificate of self-insurance is predicated and conditioned on the declaration of the self-insurer named herein that they possess, and will continue to possess, the ability to pay benefits as required under Section 10-4-620 and to pay any and all judgments that may be obtained against them.

This certificate must be referred to on each accident report involving any motor vehicle registered in the name of the self-insurer. To make a claim against the self-insurer, write or telephone: Jeffrey Green, 200 West Oak St., Fort Collins, CO 80521; Telephone: 970-498-5962.

This Certificate of Self-Insurance is effective from October 8, 2024, until it expires on October 8, 2027. It may be cancelled prior to its expiration date, upon reasonable grounds, by the Division of Insurance.

In Witness Whereof, I have hereunto set my hand and caused the official seal of my office to be affixed at the City and County of Denver, this 19th day of August, 2024.

  
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**Deputy Commissioner of Finance**  
**Rolf Kaumann**

