

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001
NON-PROFIT DIRECTORS AND OFFICERS LIABILITY POLICY
DECLARATIONS

POLICY NUMBER
05XH173902

CUSTOMER BILLING ACCOUNT
012-664-134 49

NOTICE THIS IS A CLAIMS-MADE POLICY. PLEASE READ THE ENTIRE POLICY CAREFULLY.

NAMED ORGANIZATION TOWN CENTER LOT 19 BUILDING CONDOMINIUM ASSN

MAILING ADDRESS C/O SILVER MOUNTAIN PROPERTIES
326 HIGHWAY 133 STE 120
CARBONDALE, CO 81623-1568

POLICY PERIOD FROM 06-21-2017 TO 06-21-2018
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS CORPORATION
BUSINESS DESCRIPTION Condominium Association - Mercantile or Office

LIMIT OF LIABILITY
Aggregate for Coverage **A, B and C, including "claims expenses"** \$1,000,000

RETENTION AMOUNTS
Coverage **A** (each claim) \$1000
Coverage **B** (each claim) \$1000
Coverage **C** (each claim) \$1000

RETROACTIVE DATE
THIS INSURANCE DOES NOT APPLY TO A "CLAIM" ARISING OUT OF A "WRONGFUL ACT" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

RETROACTIVE DATE (Coverages **A** and **B**): 06-21-2006
RETROACTIVE DATE (Coverages **C**): 06-21-2006

PENDING OR PRIOR LITIGATION DATE
PENDING OR PRIOR DATE (Coverages **A** and **B**): 06-21-2006
PENDING OR PRIOR DATE (Coverages **C**): 06-21-2006

EXTENDED REPORTING PERIOD
ADDITIONAL PERIOD (Number of Months) None unless added by endorsement to the policy.

TOTAL DIRECTORS AND OFFICERS PREMIUM \$405.00
TOTAL ADVANCE PREMIUM \$405.00

Forms and endorsements applying to and made part of this policy at time of issue:

IL 09 85 01 15	IL 75 26 12 05	NP 00 00 12 05
NP 00 01 12 05	NP 00 03 10 06	NP 02 28 10 06
NP 21 10 04 03	NP 21 12 04 03	NP 21 15 01 15
NP 28 02 04 03	NP 28 05 04 03	NP 71 02 12 05
NP 71 03 12 05	NP 71 04 12 05	NP 71 07 12 05

AUTHORIZED
REPRESENTATIVE


President


Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 143-307
JOHN D BELL AGENCY, INC.
350 HIGHWAY 133 STE 1
CARBONDALE, CO 81623-1650

PHONE
970-963-5711
970-963-5712

PAGE 01
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ENTRY DATE 03-24-2017