

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

POLICY NUMBER
05XP917902

CUSTOMER BILLING ACCOUNT
016-950-033 06

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

NAMED ORGANIZATION SOUTHVIEW II CONDOMINIUM ASSOCIATION INC

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

POLICY PERIOD FROM 10-01-2022 TO 10-01-2023
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS CORPORATION
BUSINESS DESCRIPTION Condominium Association - Residential

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): 10-01-2010

RETROACTIVE DATE (Coverages C): 10-01-2010

PENDING OR PRIOR LITIGATION DATE

PENDING OR PRIOR DATE (Coverages A and B): 10-01-2010

PENDING OR PRIOR DATE (Coverages C): 10-01-2010

EXTENDED REPORTING PERIOD

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

TOTAL DIRECTORS AND OFFICERS PREMIUM \$365.00

TOTAL ADVANCE PREMIUM \$365.00

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 08 18	NP 00 01 12 05
NP 00 03 10 06	NP 02 28 11 13	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

William B. West
President

Rec
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 041-307
THE BEN KELLOFF AGENCY, INC
350 HIGHWAY 133 # 1
CARBONDALE, CO 81623-1650

PHONE
1-970-963-5711

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ENTRY DATE 07-07-2022

