

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 10-01-2018 TO 10-01-2019
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 05 17
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

John D Bell
President

John D Bell
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

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ENTRY DATE 07-06-2018