

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

POLICY NUMBER
05XJ676203

CUSTOMER BILLING ACCOUNT
013-250-794 36

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

NAMED ORGANIZATION GRAND WEST ESTATES OWNERS ASSOC

MAILING ADDRESS PO BOX 1342
LEADVILLE, CO 80461-1342

POLICY PERIOD FROM 10-09-2021 TO 10-09-2022
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS HOMEOWNERS ASSOCIATION
BUSINESS DESCRIPTION Homeowners Association

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**): 09-01-2006
 RETROACTIVE DATE (Coverages **C**): 09-01-2006

PENDING OR PRIOR LITIGATION DATE
 PENDING OR PRIOR DATE (Coverages **A** and **B**): 10-09-2018
 PENDING OR PRIOR DATE (Coverages **C**): 10-09-2018

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

TOTAL DIRECTORS AND OFFICERS PREMIUM \$81.00
TOTAL ADVANCE PREMIUM \$125.00 MINIMUM

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

