

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

COMMON DECLARATIONS

POLICY NUMBER  
05 XQ7617-01

COMPANY CODE  
0000-BLBK-CO

CUSTOMER BILLING ACCOUNT  
021-451-198 09

NAMED INSURED MAILING ADDRESS  
SNOWBRIDGE SQUARE CONDOMINIUM ASSOCIATION  
PO BOX 4533  
FRISCO CO 80443-4533

POLICY PERIOD FROM 10/15/2017 TO 10/15/2018  
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION

BUSINESS DESCRIPTION: CONDOMINIUM ASSOCIATION

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated, this premium may be subject to adjustment.

PREMIUM

CRIME AND FIDELITY COVERAGE PART

TOTAL PREMIUM

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

BK 00 00 05 17

AUTHORIZED REPRESENTATIVE

*John Schmalzer*  
President

*PEC*  
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

AGENT 167-307  
WIESE AGENCY, INC  
PO BOX 24359  
SILVERTHORNE

CO 80497-4359

PAGE 01  
BRANCH KJR 01-12  
ENTRY DATE 10/17/2017



AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.  
MADISON, WISCONSIN 53783-0001

CRIME AND FIDELITY COVERAGE PART  
DECLARATIONS

POLICY NUMBER  
05 XQ7617-01

COMPANY CODE  
0000-BLBK-CO

NAMED  
INSURED SNOWBRIDGE SQUARE CONDOMINIUM ASSOCIATION  
MAILING PO BOX 4533  
ADDRESS FRISCO CO 80443-4533

COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLE

PLAN 1 COMMERCIAL CRIME - SEPARATE LIMITS OPTION

COVERAGE FORMS FORMING PART OF THIS COVERAGE PART	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	PREMIUM
EMPLOYEE THEFT (BLANKET)	\$100,000	\$1,000	
FORGERY OR ALTERATION	\$100,000	\$1,000	
COMPUTER FRAUD	\$100,000	\$1,000	
FUNDS TRANSFER FRAUD	\$100,000	\$1,000	

TOTAL ADVANCE PREMIUM

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

CR25090300	IL00171198	IL02280907	IL75261205	IL09350702
CR00210506	CR07510808	CR03041113	CR01601104	CR25020506

CANCELLATION OF PRIOR INSURANCE

By acceptance of this Policy you give us notice canceling prior policy or bond numbers:

NONE  
NONE

The cancellation to be effective at the time this Coverage Part becomes effective.

AUTHORIZED  
REPRESENTATIVE

*John S. Schmidt*  
President

*Deborah*  
Secretary

COUNTERSIGNED  
LICENSED RESIDENT AGENT



AGENT 167-307  
WIESE AGENCY, INC  
PO BOX 24359  
SILVERTHORNE  
GR AF 01 05 17

CO 80497-4359

INSURED

PAGE 01  
BRANCH KJR 01-12  
ENTRY DATE 10/17/2017

Stock No. 07145