

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

POLICY NUMBER  
05XQ761702

CUSTOMER BILLING ACCOUNT  
021-451-198 09

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

NAMED ORGANIZATION SNOWBRIDGE SQUARE CONDOMINIUM ASSOCIATION

MAILING ADDRESS 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 - Residential

LIMIT OF LIABILITY  
Aggregate for Coverage A, B and C, including "claims expenses" \$2,000,000

RETENTION AMOUNTS  
Coverage A (each claim) NONE  
Coverage B (each claim) NONE  
Coverage C (each claim) NONE

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): 10-15-2017  
RETROACTIVE DATE (Coverages C): 10-15-2017

PENDING OR PRIOR LITIGATION DATE  
PENDING OR PRIOR DATE (Coverages A and B): 10-15-2017  
PENDING OR PRIOR DATE (Coverages C): 10-15-2017

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

TOTAL DIRECTORS AND OFFICERS PREMIUM  
TOTAL ADVANCE PREMIUM

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

*Jack Schmidt*  
President

*John*  
Secretary

COUNTERSIGNED  
LICENSED RESIDENT AGENT

AGENT 167-307  
WIESE AGENCY, INC  
PO BOX 24359  
SILVERTHORNE, CO 80497-4359

PHONE  
970-668-6600

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BRANCH KJR022 NEWB  
ENTRY DATE 10-19-2017