

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

POLICY NUMBER
05XG206503

CUSTOMER BILLING ACCOUNT
012-058-938 30

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

NAMED ORGANIZATION GRANDVIEW VILLAS CONDOMINIUMS ASSOCIATION INC

MAILING ADDRESS PO BOX 2143
GRAND LAKE, CO 80447-2143

POLICY PERIOD FROM 02-06-2017 TO 02-06-2018
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"** \$1,000,000

RETENTION AMOUNTS
 Coverage **A** (each claim) \$500
 Coverage **B** (each claim) \$500
 Coverage **C** (each claim) \$500

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**): 02-06-2007
 RETROACTIVE DATE (Coverages **C**): 02-06-2007

PENDING OR PRIOR LITIGATION DATE
 PENDING OR PRIOR DATE (Coverages **A** and **B**): 02-06-2007
 PENDING OR PRIOR DATE (Coverages **C**): 02-06-2007

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

TOTAL DIRECTORS AND OFFICERS PREMIUM \$931.00
TOTAL ADVANCE PREMIUM \$931.00

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 12 05
NP 00 01 12 05	NP 00 03 10 06	NP 02 28 10 06
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 
President


Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 167-307
LESLIE WIESE
701 GRANITE ST STE 150
FRISCO, CO 80443

PHONE
970-668-6600

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ENTRY DATE 11-29-2016