

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

**POLICY NUMBER**  
05XU830303

**CUSTOMER BILLING ACCOUNT**  
020-932-321 56

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

**NAMED ORGANIZATION** WEST WILLOW I & II CONDOMINIUM ASSOCIATION

**MAILING ADDRESS** C/O JUDI BALKIND JARMIK PROPERTY MANAGEMENT INC  
PO BOX 3071  
TELLURIDE, CO 81435-3071

**POLICY PERIOD** FROM 03-08-2019 TO 03-08-2020  
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**): 03-08-2016  
RETROACTIVE DATE (Coverages **C**): 03-08-2016

**PENDING OR PRIOR LITIGATION DATE**  
PENDING OR PRIOR DATE (Coverages **A** and **B**): 03-08-2016  
PENDING OR PRIOR DATE (Coverages **C**): 03-08-2016

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

**TOTAL DIRECTORS AND OFFICERS PREMIUM** \$481.00

**TOTAL ADVANCE PREMIUM** \$481.00

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 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

**AGENT** 012-307  
THE DIETER AGENCY LLC  
315 S 12TH ST UNIT B  
MONTROSE, CO 81401-5061

**PHONE**  
1-970-240-2155

**PAGE** 01  
**BRANCH** UNATRE RENW  
**ENTRY DATE** 12-11-2018

NP AF 01 08 18

INSURED

Stock No.26145

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