

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

POLICY NUMBER
05XT375604

CUSTOMER BILLING ACCOUNT
018-265-120 41

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

NAMED ORGANIZATION EAGLE RIDGE AT BROWN RANCH OWNERS ASSOCIATION

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

POLICY PERIOD FROM 08-13-2022 TO 08-13-2023
 12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS CORPORATION
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) 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**): 08-13-2021
 RETROACTIVE DATE (Coverages **C**): 08-13-2021

PENDING OR PRIOR LITIGATION DATE
 PENDING OR PRIOR DATE (Coverages **A** and **B**): 08-13-2021
 PENDING OR PRIOR DATE (Coverages **C**): 08-13-2021

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

TOTAL DIRECTORS AND OFFICERS PREMIUM \$68.00
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

PEC
 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 DSB011 REI
ENTRY DATE 06-01-2022

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