

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

POLICY NUMBER
05XW994503

CUSTOMER BILLING ACCOUNT
021-124-073 54

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

NAMED MAHOGANY VISTA HOMEOWNERS ASSOCIATION INC

ORGANIZATION

MAILING C/O PROPERTY PROFESSIONALS

ADDRESS 704 MAIN ST UNIT B

SILT, CO 81652-8636

POLICY PERIOD FROM 08-01-2022 TO 08-01-2023
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) \$1000

Coverage **B** (each claim) \$1000

Coverage **C** (each claim) \$1000

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**): 08-01-2016

RETROACTIVE DATE (Coverages **C**): 08-01-2016

PENDING OR PRIOR LITIGATION DATE

PENDING OR PRIOR DATE (Coverages **A** and **B**): 08-01-2016

PENDING OR PRIOR DATE (Coverages **C**): 08-01-2016

EXTENDED REPORTING PERIOD

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

TOTAL DIRECTORS AND OFFICERS PREMIUM

\$345.00

TOTAL ADVANCE PREMIUM

\$345.00

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. Vestuto
President

PEC
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 140-307
JIM LORD AGENCY INCORPORATED
827 RAILROAD AVE
RIFLE, CO 81650-3511

PHONE
1-970-625-4742

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ENTRY DATE 05-05-2022

