

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

POLICY NUMBER
05XQ453503

CUSTOMER BILLING ACCOUNT
021-342-930 74

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

NAMED ORGANIZATION STONEY RIDGE HOMEOWNERS ASSOCIATION INC

MAILING ADDRESS

PO BOX 1010
NEW CASTLE, CO 81647-1010

POLICY PERIOD FROM 05-01-2023 TO 05-01-2024

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): 05-01-2017

RETROACTIVE DATE (Coverages C): 05-01-2017

PENDING OR PRIOR LITIGATION DATE

PENDING OR PRIOR DATE (Coverages A and B): 05-01-2017

PENDING OR PRIOR DATE (Coverages C): 05-01-2017

EXTENDED REPORTING PERIOD

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

TOTAL DIRECTORS AND OFFICERS PREMIUM \$270.00

TOTAL ADVANCE PREMIUM \$270.00

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. Vestre
President

[Signature]
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

AGENT 044-307
GINA WELKER
829 RAILROAD AVE
RIFLE, CO 81650-3511

PHONE
1-970-625-4742

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ENTRY DATE 02-03-2023

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