

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

POLICY NUMBER
05XH141906

CUSTOMER BILLING ACCOUNT
012-601-786 67

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

NAMED ORGANIZATION VISTA POINT HOA

MAILING ADDRESS PO BOX 7053
BRECKENRIDGE, CO 80424-7053

POLICY PERIOD FROM 11-30-2014 TO 11-30-2015
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) \$5000
Coverage B (each claim) \$5000
Coverage C (each claim) \$5000

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): 11-30-2009
RETROACTIVE DATE (Coverages C): 11-30-2009

PENDING OR PRIOR LITIGATION DATE
PENDING OR PRIOR DATE (Coverages A and B): 11-30-2009
PENDING OR PRIOR DATE (Coverages C): 11-30-2009

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

TOTAL DIRECTORS AND OFFICERS PREMIUM
TOTAL ADVANCE PREMIUM

Forms and endorsements applying to and made part of this policy at time of issue:

IL 09 85 01 08	IL 09 99 01 07	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 06 08	NP 21 20 01 07	NP 28 02 04 03
NP 28 05 04 03	NP 28 13 01 07	NP 71 02 12 05
NP 71 03 12 05	NP 71 04 12 05	NP 71 07 12 05

AUTHORIZED REPRESENTATIVE 
President


COUNTERSIGNED
LICENSED RESIDENT AGENT
Secretary

AGENT 167-307
LESLIE WIESE
PO BOX 24359
SILVERTHORNE, CO 80497-4359

PHONE
970-668-6600

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BRANCH HNC003 REI
ENTRY DATE 09-17-2014