

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

POLICY NUMBER  
05XY736703

CUSTOMER BILLING ACCOUNT  
012-036-611 59

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

NAMED ORGANIZATION DILLON BAY CONDOMINIUM ASSOCIATION

MAILING ADDRESS PO BOX 1451  
FRISCO, CO 80443-1451

POLICY PERIOD FROM 02-01-2010 TO 02-01-2011  
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): 02-01-2006  
RETROACTIVE DATE (Coverages C): 02-01-2006

PENDING OR PRIOR LITIGATION DATE  
PENDING OR PRIOR DATE (Coverages A and B): 02-01-2006  
PENDING OR PRIOR DATE (Coverages C): 02-01-2006

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

TOTAL DIRECTORS AND OFFICERS PREMIUM \$738.00  
TOTAL ADVANCE PREMIUM \$738.00

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

IL 09 85 01 08	IL 75 26 12 05	NP 00 00 12 05
NP 00 01 12 05	NP 00 03 04 03	NP 02 28 10 06
NP 21 10 04 03	NP 21 12 04 03	NP 21 15 06 08
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

*Jack Sabawa*  
President

*[Signature]*  
Secretary

COUNTERSIGNED  
LICENSED RESIDENT AGENT

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

PHONE  
970-668-6600

PAGE 01  
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ENTRY DATE 11-05-2009