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CLARIE BROSchINSKY AGENCY LLC  
1140 N MAIN ST STE D  
GUNNISON, CO 81230-2460

December 5, 2018



0000078338EC126DAA400 013-307 000  
PRISTINE POINT HOMEOWNERS ASSOCIATION  
PO BOX 504  
CRESTED BUTTE, CO 81224-0504

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**NON-PROFIT  
DIRECTORS & OFFICERS  
LIABILITY POLICY**

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**AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.**

6000 American Pkwy  
Madison WI 53783-0001  
(608) 249-2111

Member of American Family Insurance Group

## NON-PROFIT DIRECTORS & OFFICERS LIABILITY POLICY

### THIS POLICY CONSISTS OF:

DECLARATIONS  
POLICY  
FORMS AND ENDORSEMENTS APPLYING TO THIS POLICY

### QUICK REFERENCE

#### DECLARATIONS

- Named Organization
- Policy Period
- Form Of Business
- Business Description
- Limit Of Liability
- Retention Amounts
- Retroactive Date
- Pending Or Prior Litigation Date
- Extended Reporting Period
- Forms And Endorsements Applying To This Policy
- Total Premium

#### POLICY BOOKLET

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**IMPORTANT:** This Quick Reference is not part of the Non-Profit Directors & Officers Liability Policy and does not provide coverage. Refer to the Non-Profit Directors & Officers Liability Policy itself for actual contractual provisions.

PLEASE READ THE POLICY CAREFULLY.

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

**POLICY NUMBER**  
05XD264303

**CUSTOMER BILLING ACCOUNT**  
012-031-028 62

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

**NAMED ORGANIZATION** PRISTINE POINT HOMEOWNERS ASSOCIATION

**MAILING ADDRESS** PO BOX 504  
CRESTED BUTTE, CO 81224-0504

**POLICY PERIOD** FROM 03-02-2019 TO 03-02-2020  
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) \$250  
Coverage **B** (each claim) \$250  
Coverage **C** (each claim) \$250

**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**): 03-02-2018  
RETROACTIVE DATE (Coverages **C**): 03-02-2018

**PENDING OR PRIOR LITIGATION DATE**  
PENDING OR PRIOR DATE (Coverages **A** and **B**): 03-02-2018  
PENDING OR PRIOR DATE (Coverages **C**): 03-02-2018

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

**TOTAL DIRECTORS AND OFFICERS PREMIUM** \$65.00  
**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. Vestal*  
President

*[Signature]*  
Secretary

COUNTERSIGNED  
LICENSED RESIDENT AGENT

**AGENT** 013-307  
CLARIE BROSCINSKY AGENCY LLC  
1140 N MAIN ST STE D  
GUNNISON, CO 81230-2460

**PHONE**  
1-970-641-3481

**PAGE** 01  
**BRANCH** UNATRE REI  
**ENTRY DATE** 12-05-2018

NP AF 01 08 18

INSURED

Stock No.26145

00000 003004 000007 0000 000000 0000



## Special Provisions for American Family Mutual Insurance Company, S.I. Policyholders

### 1. MEMBERSHIP AND VOTING

While this policy is in force, each insured named in the Declarations is considered an owner or policyholder and a member of the American Family Insurance Mutual Holding Company (AFIMHC) of Madison, Wisconsin. As a member, you are entitled to one vote at all meetings either in person or by proxy. You can only cast one vote regardless of the number of policies or coverage you purchased. If two or more persons qualify as a member under a single policy, they are considered one member for purposes of voting. The owner of a group policy will have one vote regardless of the number of persons insured or coverage purchased. Fractional voting is not allowed. If you are a minor, any vote will be given to your parent or legal guardian.

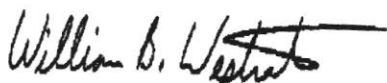
### 2. ANNUAL MEETINGS

The Annual Meetings are held at the Home Office: 6000 American Parkway, Madison, Wisconsin, on the first Tuesday of March at 2:00 P.M. Central Standard Time. Notice in this policy shall be sufficient notification.

### 3. DIVIDENDS

If any dividends are declared, you will share in them according to law and under conditions set by the Board of Directors.

This policy is signed at Madison, Wisconsin, on **our** behalf by **our** President and Secretary. If it is required by law, it is countersigned on the declarations by **our** authorized representative.



President



Secretary

**This is not a complete and valid contract without accompanying DECLARATIONS properly executed**

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