

Travelers Casualty and Surety Company of America  
Hartford, Connecticut  
(A Stock Insurance Company, herein called the Company)

**LIABILITY COVERAGES, SEPARATE LIABILITY COVERAGES, AND THIRD PARTY LIABILITY INSURING AGREEMENTS ARE WRITTEN ON A CLAIMS-MADE BASIS AND COVER ONLY CLAIMS MADE AGAINST INSURED DURING THE POLICY PERIOD.**

**THE COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE POLICY IS WRITTEN ON A CLAIMS-MADE AND REPORTED BASIS. THE COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST INSURED DURING THE POLICY PERIOD AND REPORTED TO THE COMPANY IN ACCORDANCE WITH THE TERMS OF THE COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE POLICY.**

**THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS WILL BE REDUCED BY DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION. THE COMPANY HAS NO DUTY TO DEFEND ANY CLAIM UNLESS DUTY-TO-DEFEND COVERAGE HAS BEEN SPECIFICALLY PROVIDED HEREIN.**

**ITEM 1 NAMED INSURED/INSURANCE REPRESENTATIVE:**

THE TIMBERS OWNERS ASSOCIATION

D/B/A:

Principal Address:  
c/o TOAD PROPERTY MANAGEMENT  
P.O. BOX 2776  
CRESTED BUTTE, CO 81224-2776

**ITEM 2 POLICY PERIOD:**

Inception Date: June 01, 2023      Expiration Date: June 01, 2024  
12:01 A.M. local time both dates at the Principal Address stated in ITEM 1.

**ITEM 3 ADDRESS INFORMATION FOR NOTICES TO COMPANY:**

Email: BSIdclaims@travelers.com  
Fax: 1-888-460-6622  
Mail: Travelers Bond & Specialty Insurance Claim  
P.O. Box 2989  
Hartford, CT 06104-2989

Overnight Mail: Travelers Bond & Specialty Insurance Claim  
One Tower Square, S202A  
Hartford, CT 06183

For questions related to claim reporting or handling, please call 1-800-842-8496.

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**ITEM 4 COVERAGES INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:**

**Association Management Liability Coverage**

Community Association Management Liability Coverage

**Crime Coverages**

Crime

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**ITEM 5**

<b>COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE</b>
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<b>Limit of Liability:</b>	\$1,000,000	for all <b>Claims</b>
<b>Additional Defense Coverage:</b>	<input type="checkbox"/> Applicable	<input checked="" type="checkbox"/> Not Applicable
<b>Additional Defense Limit of Liability:</b>	Not Covered	for all <b>Claims</b>
<b>Retention:</b>	\$0	for each <b>Directors and Officers Claim</b> under Insuring Agreement A
	\$2,500	for each <b>Directors and Officers Claim</b> under Insuring Agreement B
	\$2,500	for each <b>Directors and Officers Claim</b> under Insuring Agreement C
	\$2,500	for each <b>Employment Claim</b> under Insuring Agreement D
<b>Prior and Pending Proceeding Date:</b>	May 30, 2018	
<b>Continuity Date:</b>	May 30, 2018	

**CRIME COVERAGES**

<b>CRIME</b>
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INSURING AGREEMENT	SINGLE LOSS LIMIT OF INSURANCE	SINGLE LOSS RETENTION
<b>A. Fidelity</b> 1. Employee Theft 2. ERISA Fidelity 3. Employee Theft of Client Property	\$50,000 \$50,000 Not Covered	\$500 \$0
<b>B. Forgery or Alteration</b>	\$50,000	\$500

<b>C. On Premises</b>	\$50,000	\$500
<b>D. In Transit</b>	Not Covered	
<b>E. Money Orders and Counterfeit Money</b>	\$50,000	\$500
<b>F. Computer Crime</b> 1. Computer Fraud 2. Computer Program and Electronic Data Restoration Expense	\$50,000 Not Covered	\$500
<b>G. Funds Transfer Fraud</b>	\$50,000	\$500
<b>H. Personal Accounts Protection</b> 1. Personal Accounts Forgery or Alteration 2. Identity Fraud Expense Reimbursement	Not Covered Not Covered	
<b>I. Claim Expense</b>	\$5,000	\$0

**Policy Aggregate Limit of Insurance:**

☐ Applicable ☒ Not Applicable

If a Policy Aggregate Limit of Insurance is applicable, then the Policy Aggregate Limit of Insurance for each **Policy Period** for Insuring Agreements A through H, inclusive, is: Not Applicable

If a Policy Aggregate Limit of Insurance is not included, then this **Crime Policy** is not subject to a Policy Aggregate Limit of Insurance as set forth in section V. CONDITIONS, B.1.a.

**Cancellation of Prior Insurance:**

By acceptance of this **Crime Policy**, the **Insured** gives the Company notice canceling prior policies or bonds issued by the Company that are designated by policy or bond numbers Not Applicable, such cancellation to be effective at the time this **Crime Policy** becomes effective.

**INSURED'S PREMISES COVERED:**

All Premises of the **Insured** in the United States of America, its territories and possessions, Canada, or any other country throughout the world, except:

Not Applicable

**ITEM 6**

**PREMIUM FOR THE POLICY PERIOD FOR ALL COVERAGES:**

\$1,779.00 Policy Premium for all purchased Coverages

**ITEM 7**

**TYPE OF CLAIM DEFENSE FOR ASSOCIATION MANAGEMENT LIABILITY COVERAGE:**

☒ Duty-to-Defend

Only the type of CLAIM DEFENSE marked "☒" is included in this policy.

**ITEM 8**

**EXTENDED REPORTING PERIOD FOR ASSOCIATION MANAGEMENT LIABILITY COVERAGE, LIABILITY COVERAGES (subject to LIA-3001):**

Additional Premium Percentage: 75%  
Additional Months: 12

(If exercised in accordance with the applicable EXTENDED REPORTING PERIOD condition)

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**ITEM 9**      **RUN-OFF EXTENDED REPORTING PERIOD FOR ASSOCIATION MANAGEMENT LIABILITY COVERAGE, LIABILITY COVERAGES** (subject to LIA-3001):

Additional Premium Percentage: 120%  
Additional Months: 12

(If exercised in accordance with the applicable CHANGE OF CONTROL condition)

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**ITEM 10**      **ANNUAL REINSTATEMENT OF THE LIABILITY COVERAGE LIMIT OF LIABILITY FOR ASSOCIATION MANAGEMENT LIABILITY COVERAGE SUBJECT TO LIA-3001:**

☐ Applicable      ☒ Not Applicable

Only those coverage features marked " ☒ Applicable" are included in this policy.

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**ITEM 11**      **FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE FOR ALL COVERAGES:**

ACF-7007-0811; ACF-7006-0511; AFE-19029-0719; AFE-19030-0920; CAM-16001-0113;  
CAM-19061-0315; CAM-19066-0320; CAM-17006-0113; CRI-3001-0109; CRI-19060-0713;  
CRI-19072-0315; CRI-19101-1117; CRI-19115-0519; CRI-19085-0919; CRI-19122-1120; CRI-7132-1120;  
CRI-5006-0613

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**ITEM 12**      **LIABILITY COVERAGE SHARED LIMIT OF LIABILITY FOR LIABILITY COVERAGES** (subject to LIA-3001):

☐ Applicable      ☒ Not Applicable

N/A      for all **Claims** under the following **Liability Coverages** that are subject to the Terms & Conditions in LIA-3001:

If the **Liability Coverages** selected in ITEM 12 are also **Scheduled Coverages** selected in ITEM 13, then the amount of the **Liability Coverage Shared Limit of Liability** set forth in ITEM 12 is part of, and not in addition to, the **Shared Limit of Liability/Limit of Insurance for Scheduled Coverages** set forth in ITEM 13.

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**ITEM 13**      **SHARED LIMIT OF LIABILITY/LIMIT OF INSURANCE FOR SCHEDULED COVERAGES:**

☐ Applicable      ☒ Not Applicable

N/A      for all **Claims** and limits of insurance under the following **Scheduled Coverages**:

The Company's maximum liability for the **Policy Period** for all **Claims** and limits of insurance under the **Scheduled Coverages** listed in ITEM 13 will not exceed the amount of the **Shared Limit of Liability/Limit of Insurance for Scheduled Coverages**. Any Additional Defense Limit of Liability, Supplemental Personal Indemnification Limit of Liability, or Identity Fraud Expense Reimbursement Limit of Insurance is in addition to, and not part of, the **Shared Limit of Liability/Limit of Insurance for Scheduled Coverages**.

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**PRODUCER INFORMATION:**

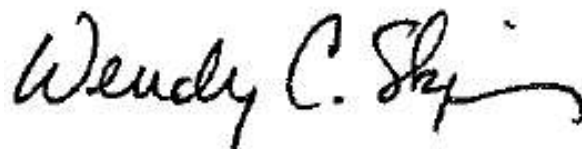
AJG RISK MGMT SERVS GSBC  
10901 W 120TH AVE STE 100  
ELDORADO RIDGE III  
BROOMFIELD, CO 80021

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IN WITNESS WHEREOF, the Company has caused this policy/bond to be signed by its authorized officers.



President



Corporate Secretary