

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
MADISON, WISCONSIN 53783-0001

NON-PROFIT DIRECTORS AND OFFICERS LIABILITY POLICY

DECLARATIONS

POLICY NUMBER
05XS325103

CUSTOMER BILLING ACCOUNT
021-689-416 98

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

NAMED STARGATE HOA INC
ORGANIZATION
MAILING C/O COLDWELL BANKER COMMERCIAL
ADDRESS 131 N 6TH ST STE 300
GRAND JCT, CO 81501-2756

POLICY PERIOD FROM 03-25-2022 TO 03-25-2023
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) \$500
Coverage B (each claim) \$500
Coverage C (each claim) \$500

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): 03-25-2019
RETROACTIVE DATE (Coverages C): 03-25-2019

PENDING OR PRIOR LITIGATION DATE
PENDING OR PRIOR DATE (Coverages A and B): 03-25-2019
PENDING OR PRIOR DATE (Coverages C): 03-25-2019

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

TOTAL DIRECTORS AND OFFICERS PREMIUM \$81.00
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. Vestuto
President

REC
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

AGENT 012-307
THE DIETER AGENCY LLC
315 S 12TH ST UNIT B
MONTROSE, CO 81401-5061

PHONE
1-970-240-2155

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ENTRY DATE 12-29-2021

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