

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

**CUSTOMER BILLING ACCOUNT**  
013-606-746 18

**POLICY NUMBER**  
05XF683208

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

**NAMED ORGANIZATION** SODA CREEK CONDOMINIUM ASSOCIATION INC

**MAILING ADDRESS** C/O BASIC PROPERTY MANAGMENT  
PO BOX 4844  
DILLON, CO 80435-4844

**POLICY PERIOD** FROM 11-01-2020 TO 11-01-2021  
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): 01-25-2013  
RETROACTIVE DATE (Coverages C): 01-25-2013

**PENDING OR PRIOR LITIGATION DATE**  
PENDING OR PRIOR DATE (Coverages A and B): 11-01-2015  
PENDING OR PRIOR DATE (Coverages C): 11-01-2015

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

|                                             |          |
|---------------------------------------------|----------|
| <b>TOTAL DIRECTORS AND OFFICERS PREMIUM</b> | \$844.00 |
| <b>CERTIFIED ACTS OF TERRORISM PREMIUM</b>  | \$17.00  |
| <b>TOTAL ADVANCE PREMIUM</b>                | \$861.00 |

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 16 01 15 | NP 28 02 04 03 | NP 28 05 04 03 | NP 70 01 12 05 |
| NP 71 02 12 05 | NP 71 03 12 05 | NP 71 04 12 05 | NP 71 07 12 05 |

**AGENT** 167-307  
WIESE AGENCY, INC  
PO BOX 24359  
SILVERTHORNE, CO 80497-4359

**PHONE**  
1-970-668-6600

**PAGE** 01  
**BRANCH** UNATRE REW  
**ENTRY DATE** 08-05-2020



**FACTS****WHAT DOES AMERICAN FAMILY INSURANCE DO WITH YOUR PERSONAL INFORMATION?**

|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Why?</b>  | Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.                                                                                                                                                                                                      |
| <b>What?</b> | <p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> <li>• Social Security number and income</li> <li>• Account balances and payment history</li> <li>• Credit history and credit based insurance scores</li> <li>• Drivers license records and claims history</li> </ul> <p>When you are no longer our customer, we continue to share your information as described in this notice.</p> |
| <b>How?</b>  | All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons American Family Insurance chooses to share; and whether you can limit this sharing.                                                                                                                                                                                                  |

| Reasons we can share your personal information                                                                                                                                              | Does American Family Insurance share? | Can you limit this sharing? |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------|
| <b>For our everyday business purposes—</b><br>such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus | Yes                                   | No                          |
| <b>For our marketing purposes—</b><br>to offer our products and services to you                                                                                                             | Yes                                   | No                          |
| <b>For joint marketing with other financial companies</b>                                                                                                                                   | Yes                                   | No                          |
| <b>For our affiliates' everyday business purposes—</b><br>information about your transactions and experiences                                                                               | Yes                                   | No                          |
| <b>For our affiliates' everyday business purposes—</b><br>information about your creditworthiness                                                                                           | Yes                                   | Yes                         |
| <b>For our affiliates to market to you</b>                                                                                                                                                  | Yes                                   | Yes                         |
| <b>For nonaffiliates to market to you</b>                                                                                                                                                   | Yes                                   | Yes                         |

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>To limit our sharing</b> | <p>Call 1-888-312-2263 – when prompted you will be asked to provide your first name, middle initial (if applicable), last name, address, city, state and at least one of your policy numbers. Please also indicate if you are requesting to limit sharing for others on your policies. Please indicate their full names.</p> <p><b>Please note:</b></p> <p>If you are a new customer, or receiving this notice from us for the first time, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice.</p> <p>However, you can contact us at any time to limit our sharing.</p> |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                   |                                                                                                                |
|-------------------|----------------------------------------------------------------------------------------------------------------|
| <b>Questions?</b> | Please go to our website at <a href="http://www.amfam.com/privacy-security">www.amfam.com/privacy-security</a> |
|-------------------|----------------------------------------------------------------------------------------------------------------|

|                                      |                                                                                                                                                                                                                                          |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Who we are</b>                    |                                                                                                                                                                                                                                          |
| <b>Who is providing this notice?</b> | This privacy notice is provided by American Family Mutual Insurance Company, S.I. and the affiliates as listed under the "Other important information" section of this notice (referred to collectively as "American Family Insurance"). |

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**Other important information – continued**

**For our customers in AK, AZ, CA, CT, GA, IL, ME, MA, MN, MT, NV, NJ, NC, OH, OR, SC and VA only.**

You have the right to review information in your file. You may do so by writing to us at the address at the end of this section and providing us with your complete name, address, date of birth, and all policy numbers under which you are insured. Within 30 days of receipt of your request, we will contact you and inform you of the nature of recorded information that can be reasonably located and retrieved about you in our files. If you believe there is information in our file that is incorrect, you have the right to notify us and request that it be corrected, amended or deleted from your file. Use this address for requesting information in your file or for questions about the information in your file: **American Family Insurance, Attn: Consumer Affairs Department, 6000 American Pkwy., Madison, Wisconsin 53783-0001.**

**American Family Insurance Legal Entities:**

In addition to American Family Mutual Insurance Company, S.I., this privacy notice is provided by the following companies, which are all affiliates of American Family Mutual Insurance Company, S.I.: American Standard Insurance Company of Wisconsin, American Family Life Insurance Company, American Family Brokerage, Inc., American Family Insurance Company, American Standard Insurance Company of Ohio, and Midvale Indemnity Company. All companies are collectively referred to as "American Family Insurance" in this notice.

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