



AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.  
2648 PATTERSON RD STE G  
GRAND JUNCTION, CO 81506-1931

AmFam.com

1-800-MY AMFAM® (692-6326)

**Your Insurance  
Coverage Summary**



000827EC108GAA4090992253 124307 0G1

STONE MOUNTAIN ESTATES HOMEOWNERS ASSOCIATION INC  
C/O GRAYSTONE GROUP REAL ESTATE  
751 HORIZON CT STE 115  
GRAND JCT, CO 81506-8768

**Advance Notice of  
Renewal Premium**

April 10, 2019

**STONE MOUNTAIN ESTATES HOMEOWNERS ASSOCIATION INC**

Thank you for allowing American Family to insure your business. We appreciate your trust and confidence. Listed below are the principal coverages and limits that will apply for the renewal term shown on this coverage summary letter. Please take a minute to review them to be sure they are adequate for your needs. If you would like to discuss your policy coverages and limits, or if you have any questions, please don't hesitate to contact me.

Policy Period: 06-13-2019 TO 06-13-2020

Customer Billing Account: 017-408-964 24

Policy Type: NON-PROFIT DIRECTORS & OFFICERS LIABILITY POLICY

Policy Number: 05XR488902

Total Advance Renewal Premium: \$125.00

PLEASE DO NOT SEND MONEY \*\* INFORMATIONAL ONLY

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

Notice: This is a Claims Made Policy. See Section VI - Conditions, B. Extended Reporting Period of the Policy for information concerning the optional purchase of the Extended Reporting Period coverage for claims made after the cancellation or non-renewal of the policy.

**LIMIT OF LIABILITY**

Aggregate for Coverage A, B, and C including  
"claims expenses" \$1,000,000

**RETENTION AMOUNTS**

Coverage A (each claim) \$1,000  
Coverage B (each claim) \$1,000  
Coverage C (each claim) \$1,000

**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): 06-13-2011  
Retroactive Date (Coverages C): 06-13-2011

**PENDING OR PRIOR LITIGATION DATE**

Pending or Prior Date (Coverages A and B): 06-13-2011  
Pending or Prior Date (Coverages C): 06-13-2011

**continued**

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

POLICY NUMBER  
05XR488902

CUSTOMER BILLING ACCOUNT  
017-408-964 24

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

NAMED ORGANIZATION STONE MOUNTAIN ESTATES HOMEOWNERS ASSOCIATION INC

MAILING ADDRESS C/O GRAYSTONE GROUP REAL ESTATE  
751 HORIZON CT STE 115  
GRAND JCT, CO 81506-8768

POLICY PERIOD FROM 06-13-2019 TO 06-13-2020  
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) \$1000  
Coverage B (each claim) \$1000  
Coverage C (each claim) \$1000

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): 06-13-2011  
RETROACTIVE DATE (Coverages C): 06-13-2011

PENDING OR PRIOR LITIGATION DATE  
PENDING OR PRIOR DATE (Coverages A and B): 06-13-2011  
PENDING OR PRIOR DATE (Coverages C): 06-13-2011

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. Vest*  
President

*REC*  
Secretary

COUNTERSIGNED  
LICENSED RESIDENT AGENT

AGENT 124-307  
MICHAEL DANIELS  
2648 PATTERSON RD STE G  
GRAND JUNCTION, CO 81506-1931

PHONE  
1-970-241-6132

PAGE 01  
BRANCH UNATRE RENW  
ENTRY DATE 03-18-2019

NP AF 01 08 18

INSURED

Stock No.26145

00000 003004 000009 0000 000000 0000





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

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ENDORSEMENTS

SPECIAL PROVISIONS FOR AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.  
POLICYHOLDERS ..... iii

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.

**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.

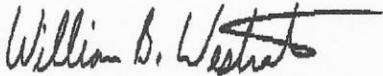
**2. ANNUAL MEETINGS**

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**

30000 004004 000009 0000 00000 0000



# **BUSINESS KEY POLICY**

Non-assessable policy Issued by

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

6000 American Pkwy

Madison WI 53783-0001

(608) 249-2111

Member of American Family Insurance Group

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

COMMON DECLARATIONS

POLICY NUMBER  
05 XR4889-03

COMPANY CODE  
0019-BLBK-CO

CUSTOMER BILLING ACCOUNT  
017-408-964 24

NAMED STONE MOUNTAIN ESTATES HOMEOWNERS ASSOCIATION INC  
INSURED C/O GRAYSTONE GROUP REAL ESTATE  
MAILING 751 HORIZON CT STE 115  
ADDRESS GRAND JUNCTION CO 81506-8768

POLICY PERIOD FROM 06/13/2019 TO 06/13/2020  
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION

BUSINESS DESCRIPTION: HOMEOWNERS ASSOCIATION

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated, this premium may be subject to adjustment.

	PREMIUM	
COMMERCIAL PROPERTY COVERAGE PART	\$200.00	MINIMUM
TOTAL PREMIUM	\$200.00	

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

BK 00 00 08 18

AUTHORIZED  
REPRESENTATIVE

*William B. Vest*  
President

*Peck*  
Secretary

COUNTERSIGNED  
LICENSED RESIDENT AGENT

AGENT 124-307  
MICHAEL DANIELS  
2648 PATTERSON RD STE G  
GRAND JUNCTION CO 81506-1931  
AF DS 00 08 18

PAGE 01  
BRANCH NEW 02-12  
ENTRY DATE 03/25/2019

INSURED

Stock No. 05975

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

COMMERCIAL PROPERTY COVERAGE PART  
DECLARATIONS

POLICY NUMBER  
05 XR4889-03

COMPANY CODE  
0019-BLBK-CO

NAMED STONE MOUNTAIN ESTATES HOMEOWNERS ASSOCIATION INC  
INSURED C/O GRAYSTONE GROUP REAL ESTATE  
MAILING 751 HORIZON CT STE 115  
ADDRESS GRAND JUNCTION CO 81506-8768

COVERAGES PROVIDED

Insurance at the described premises applies only for coverages for which a Limit of Insurance is shown.

DESCRIPTION OF PREMISES

PREMISES NO. 0001 BUILDING NO. 001  
LOCATION 645 QUARTZ DR  
FRUITA MESA COUNTY CO 81521-2571  
OCCUPANCY PUMPHOUSE & EQUIP  
CONSTRUCTION NOT APPLICABLE

COVERAGE BUILDING (RC)

LIMIT OF INSURANCE \$40,300

COVERED CAUSE OF LOSS

DEDUCTIBLE

COINSURANCE

PREMIUM

SPECIAL FORM

\$500

80%

\$164.00

Your building Limit of Insurance may have increased, refer to Inflation Protection Endorsement CP 81 01.

INDEX = 377.0

(RC) = REPLACEMENT COST

BALANCE TO MINIMUM

\$36.00

TOTAL ADVANCE PREMIUM

\$200.00 MINIMUM

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

CP 81 01 10 00 IL 00 17 11 98 CP 12 70 09 96 IL 02 28 09 07 IL 75 26 12 05  
IL 09 35 07 02 CP 01 40 07 06 IL 09 85 01 15 CP 00 90 07 88 CP 00 10 04 02  
CP 10 30 04 02 IL 09 53 01 15

AUTHORIZED  
REPRESENTATIVE

*William B. Vest*  
President

*PEC*  
Secretary

COUNTERSIGNED  
LICENSED RESIDENT AGENT

AGENT 124-307  
MICHAEL DANIELS  
2648 PATTERSON RD STE G  
GRAND JUNCTION CO 81506-1931  
CP AF 00 08 18

PAGE 01  
BRANCH NEW 02-12  
ENTRY DATE 03/25/2019

INSURED

Stock No. 00070



**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.**



# **BUSINESS KEY POLICY**

**Non-assessable policy Issued by**

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

**6000 American Pkwy**

**Madison WI 53783-0001**

**(608) 249-2111**

**Member of American Family Insurance Group**

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

MADISON, WISCONSIN 53783-0001

## COMMON DECLARATIONS

POLICY NUMBER  
05 XR4889-01COMPANY CODE  
0019-BLBK-COCUSTOMER BILLING ACCOUNT  
017-408-964 24

NAMED INSURED  
MAILING ADDRESS  
SONE MOUNTAIN ESTATES HOMEOWNERS INC  
C/O GRAYSTONE GROUP REAL ESTATE  
751 HORIZON CT STE 115  
GRAND JUNCTION CO 81506-8768

POLICY PERIOD FROM 06/13/2019 TO 06/13/2020  
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION

BUSINESS DESCRIPTION: HOMEOWNERS ASSOCIATION

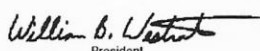
In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated, this premium may be subject to adjustment.

	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$362.00
TOTAL PREMIUM	\$362.00

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

BK 00 00 08 18

AUTHORIZED  
REPRESENTATIVE  
President  
SecretaryCOUNTERSIGNED  
LICENSED RESIDENT AGENT

AGENT 124-307  
MICHAEL DANIELS  
2648 PATTERSON RD STE G  
GRAND JUNCTION CO 81506-1931  
AF DS 00 08 18

PAGE 01  
BRANCH CFR 02-12  
ENTRY DATE 03/15/2019

INSURED

Stock No. 05975

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.  
MADISON, WISCONSIN 53783-0001COMMERCIAL GENERAL LIABILITY COVERAGE PART  
DECLARATIONSPOLICY NUMBER  
05 XR4889-01COMPANY CODE  
0019-BLBK-CONAMED SONE MOUNTAIN ESTATES HOMEOWNERS INC  
INSURED C/O GRAYSTONE GROUP REAL ESTATE  
MAILING 751 HORIZON CT STE 115  
ADDRESS GRAND JUNCTION CO 81506-8768

## LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS-COMPLETED OPERATIONS)	\$2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$2,000,000
PERSONAL & ADVERTISING INJURY LIMIT	\$1,000,000
EACH OCCURRENCE LIMIT	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT - ANY ONE PREMISES	\$100,000
MEDICAL EXPENSE LIMIT - ANY ONE PERSON	\$5,000

## LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY

LOCATION 0001 PREMISES 001

645 QUARTZ DR  
FRUITA MESA COUNTY CO 81521-2571

## CLASSIFICATION

CODE	DESCRIPTION	PREMIUM BASIS	RATE		ADVANCE PREMIUM	
			ALL OTHER	PR/ CO	ALL OTHER	PR/ CO
09030	HOMEOWNERS ASSOCIATION PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	110 (007)	3.287 (A)		\$362.00	

A=EACH ONE

007=UNITS

TOTAL ADVANCE PREMIUM

\$362.00

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

CG 21 75 01 15	IL 00 21 07 02	IL 75 26 12 05	CG 00 01 12 07	IL 02 28 09 07
CG 21 47 12 07	IL 00 17 11 98	IL 75 02 06 99	CG 21 60 09 98	CG 21 96 03 05
CG 21 67 12 04	CG 77 14 04 02	CG 77 04 07 10	IL 09 85 01 15	IL 75 40 03 16
IL 01 25 11 13	CG 21 06 05 14			

AGENT 124-307  
MICHAEL DANIELS  
2648 PATTERSON RD STE G  
GRAND JUNCTION CO 81506-1931  
CG AF 01 08 18PAGE 01  
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ENTRY DATE 03/15/2019

INSURED

Stock No 05081

All Coverage Parts included in this policy are subject to the following condition

**POLICY PERIOD - RENEWAL OF COVERAGE**

Insurance begins and ends at 12:01 A.M., Standard Time, at **your** mailing address and for the policy period shown in the declarations. The first Named Insured shown in the declarations may continue this policy for successive policy periods by paying the required premium on or before the effective date of each renewal policy period. If the premium is not paid when due, this policy expires at the end of the last policy period for which the premium was paid.

The premium for each policy period will be based on **our** current rates and rules.

If this policy replaces coverage in other policies terminating at 12:00 Noon (standard time) on the inception date of this policy, this policy shall be effective at 12:00 Noon (standard time) instead of at 12:01 A.M., Standard Time.