



**Community Association Management Liability Coverage  
Declarations**

**POLICY NO. 107368361**

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

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 INSUREDS 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.

MT INSUREDS: THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION.

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**ITEM 1 NAMED INSURED:**

**SILVER SHEKEL OWNERS ASSOCIATION INC.**

D/B/A:

Principal Address:

**P.O. BOX 1625  
BRECKENRIDGE, CO 80424-8913**

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**ITEM 2 POLICY PERIOD:**

Inception Date: **January 11, 2023**

Expiration Date: **January 11, 2024**

12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.

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**ITEM 3 ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW:**

**Email: [BSIclaims@travelers.com](mailto:BSIclaims@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.**

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

Community Association Management Liability Coverage

**ITEM 5**Only those coverage features marked " Applicable" are included in this policy.**COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE**

<b>Limit of Liability:</b>	<b>\$1,000,000</b>	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>	<b>Not Covered</b>	for all <b>Claims</b>
<b>Retention:</b>	<b>\$0</b>	for each <b>Directors and Officers Claim</b> under Insuring Agreement A
	<b>\$2,500</b>	for each <b>Directors and Officers Claim</b> under Insuring Agreement B
	<b>\$2,500</b>	for each <b>Directors and Officers Claim</b> under Insuring Agreement C
	<b>\$2,500</b>	for each <b>Employment Claim</b> under Insuring Agreement D
<b>Prior and Pending Proceeding Date:</b>	<b>January 11, 2021</b>	
<b>Continuity Date:</b>	<b>January 11, 2021</b>	

**ITEM 6****PREMIUM FOR THE POLICY PERIOD:**

<b>\$2,057.00</b>	Policy Premium
<b>N/A</b>	Annual Installment Premium

**ITEM 7****TYPE OF CLAIM DEFENSE:**

Duty-to-Defend

**ITEM 8****EXTENDED REPORTING PERIOD:**

Additional Premium Percentage:	<b>75%</b>
Additional Months:	<b>12</b>

(If exercised in accordance with section **V. CONDITIONS, Q. EXTENDED REPORTING PERIOD** of the Community Association Management Liability Coverage Policy)**ITEM 9****RUN-OFF EXTENDED REPORTING PERIOD:**Additional Premium Percentage: **120%**

Additional Months: 12

(If exercised in accordance with section **V. CONDITIONS, N. CHANGE OF CONTROL** of the Community Association Management Liability Coverage Policy)

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**ITEM 10 ANNUAL REINSTATEMENT OF THE LIMIT OF LIABILITY:**

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:**

**AFE-19029-0719; AFE-19030-0920; CAM-16001-0113; CAM-19061-0315; CAM-19066-0320;  
CAM-17006-0113**

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**PRODUCER INFORMATION:**

**ATRIUM INS GROUP INC  
6970 S HOLLY CIR STE 104  
CENTENNIAL, CO 80112**

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Countersigned By

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



President



Corporate Secretary