

**UNITED FIRE & CASUALTY COMPANY**

PO Box 73909, Cedar Rapids, IA 52407

**POLICY NUMBER:** 20104684**ACCOUNT NUMBER:** 3000059273 (4) OTHER LIABILITY

DIRECT BILL -

ISSUE DATE 08-29-2011 DM REPLACEMENT OF 0104 20104684

**DECLARATIONS RENEWAL EXTENSION****1. NAMED RIVERSIDE PLACE OWNERS ASSOCIATION INC  
INSURED****AGENCY & CODE** 021501  
ARROW INS MANAGEMENT  
PO BOX 5000

AND C/O NORMAN STOLLER

**2. MAILING PO BOX 316****ADDRESS FRISCO CO 80443-0316****FRISCO CO 80443****3. POLICY PERIOD:** 12:01 A.M. Standard time **FROM:** 10-01-2011 **TO:** 10-01-2012

And for successive policy periods as stated below.

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions. If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period, subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will expire, after appropriate notices are mailed to you. An insufficient funds check is not considered payment.

CLAIMS MADE POLICY. THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. PLEASE REVIEW THE POLICY CAREFULLY.

**4. LIMITS OF LIABILITY:**

Each Claim See coverage form(s) below  
Aggregate See coverage form(s) below

**5. DEDUCTIBLE AMOUNT:**

See coverage form(s) below

DIRECTORS AND OFFICERS \$ 750

LIMITS OF LIABILITY

Each Claim \$ 1,000,000

Aggregate \$ 1,000,000

DEDUCTIBLE \$ 1,000

Number of Units: 22

RETROACTIVE EXCLUSION CLAUSE: IT IS AGREED THIS POLICY WILL NOT PAY ON BEHALF OF THE INSURED ANY SUMS FOR WHICH THE INSURED SHALL BECOME LEGALLY OBLIGATED TO PAY IN CONNECTION WITH ANY CLAIM OR SUIT BY REASON OF ANY NEGLIGENT ACT, ERROR OR OMISSION COMMITTED OR ALLEGED TO HAVE BEEN COMMITTED PRIOR TO 06-08-2010.

Certified Acts of Terrorism Coverage  
Included at No Charge

**Forms**

SEE UW7002

**AMEND REASON :**

**PREMIUM FOR THIS COVERAGE PART** \$ 750 MP  
**Endorsement Adjustment Premium** \$

This Declarations Page together with any forms specified hereon, supersedes and replaces any preceding declarations page bearing the same policy number for this policy period.

**X**

(COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

POLICY NUMBER:

20104684

## FORMS SUPPLEMENTAL DECLARATIONS

## Other Forms

Applicable to the state of Colorado

*E07001(01-00)	E & O DECLARATIONS
E07056(02-03)	DIRECTORS & OFFICERS LIAB POLICY
E07059(04-05)	FUNGI OR BACTERIA EXCL
E07062(02-03)	EXCL-WAR CERTIFIED ACTS OF TERRORISM & OTHER ACTS
E07094(04-05)	EXCL-ELECTRONIC DATA FOR DIRECTORS & OFFICERS
E07098(04-05)	AMENDATORY POLLUTION END-DIRECTORS & OFFICERS
*UW7002(04-96)	FORMS SUPPLEMENTAL DECLARATIONS