

AMERICAN FAMILY INSURANCE
4802 Mitchell Ave
Saint Joseph MO 64507-2505



000034MIBL0003H001490515 011637 001
THE SWISS ALPHENHOF PROPERTY OWNERS
C/O SARAH MATHEWS
1426 W 365 N
MIDWAY UT 84049-4700

8000 00010006 000034 0000



+0000028 011-637

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C/O SARAH MATHEWS
1426 W 365 N
MIDWAY UT 84049-4700

FACTS

WHAT DOES AMERICAN FAMILY INSURANCE DO WITH YOUR PERSONAL INFORMATION?



Why? 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.

What? The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and income
- Account balances and payment history
- Credit history and credit based insurance scores
- Drivers license records and claims history

When you are no longer our customer, we continue to share your information as described in this notice.

How? 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?
For our everyday business purposes—such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes—to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes—information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes—information about your creditworthiness	Yes	Yes
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	Yes	Yes

To limit our sharing 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.

Please note:

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.

However, you can contact us at any time to limit our sharing.

Questions? Please go to our website at www.amfam.com/privacy-security

Who we are

Who is providing this notice? 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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What we do	
How does American Family Insurance protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does American Family Insurance collect my personal information?	We collect your personal information, for example, when you <ul style="list-style-type: none"> • Apply for insurance • Pay insurance premiums • File an insurance claim • Give us your contact information • Use your credit or debit card
Why can't I limit all sharing?	Federal law gives you the right to limit only <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes—information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing. (See below for more on your rights under state law.)
What happens when I limit sharing for an account I hold jointly with someone else?	Your limit-sharing request will only apply to the names received in your request.

Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> • The affiliates of American Family Mutual Insurance Company, S.I. include the companies identified under the "Other important information" section of this notice, and other affiliated companies within Homesite Group Incorporated and PGC Holdings Corp.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> • Nonaffiliates we share with can include our sales agents, mortgage companies and direct marketing companies.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none"> • Our joint marketing partners include other financial services companies and insurance companies.

Other Important Information	
For Nevada residents only.	
You have the right to place your telephone number on American Family Insurance's internal do not call list, which means we can contact you by telephone only in response to a specific request from you for information or in order to service any existing American Family Insurance business. For additional information about the Nevada do not call requirements, or to add your telephone number to our internal do not call list, contact American Family Insurance at 1-877-216-9232. For information on the Nevada state do not call law, contact the Nevada Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Ste. 3900, Las Vegas, NV 90101, Phone: 1-702-486-3132, email: BCPINFO@ag.state.nv.us	
For Vermont residents only.	
We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found at www.amfam.com/privacy-security or call 1-800-692-6326.	
For Georgia residents only.	
NOTICE: The laws of the State of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.	
For New Mexico residents only.	
We are prohibited from disclosing information related to domestic abuse. In New Mexico an individual has certain rights as a Protected Person under N.M. Admin Code 13.7.5 and N. M. S. A 1978, § 59A-16B-4. If you would like to exercise any of those rights or want an explanation of those rights, please contact American Family Insurance at 1-800-MYAMFAM ext. 78082.	

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

COMMON DECLARATIONS

POLICY NUMBER
43 X09650-04

COMPANY CODE
0020-BLBK-UT

CUSTOMER BILLING ACCOUNT
018-158-144 49

NAMED THE SWISS ALPHENHOF PROPERTY OWNERS
INSURED C/O SARAH MATHEWS
MAILING 1426 W 365 N
ADDRESS MIDWAY UT 84049-4700

POLICY PERIOD FROM 08/01/2020 TO 08/01/2021
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
CRIME AND FIDELITY COVERAGE PART	\$157.00
TOTAL PREMIUM	\$157.00

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AUTHORIZED REPRESENTATIVE

William B. Vestal
President

PEC
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT



AGENT 011-637
BREWSTER INSURANCE GROUP INC
2290 E 4500 S STE 120
SALT LAKE CITY UT 84117-4591

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ENTRY DATE 05/21/2020

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

CRIME AND FIDELITY COVERAGE PART
DECLARATIONS

POLICY NUMBER
43 X09650-04

COMPANY CODE
0020-BLBK-UT

NAMED THE SWISS ALPHENHOF PROPERTY OWNERS
INSURED C/O SARAH MATHEWS
MAILING 1426 W 365 N
ADDRESS MIDWAY UT 84049-4700

COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLE

PLAN 1 COMMERCIAL CRIME - SEPARATE LIMITS OPTION

COVERAGE FORMS FORMING PART OF THIS COVERAGE PART	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	PREMIUM
EMPLOYEE THEFT (BLANKET)	\$100,000	\$500	\$157.00
TOTAL ADVANCE PREMIUM		\$157.00	

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

CR25080300	CR25090300	IL00171198	IL02660907	IL09350702
CR01210702	CR00210506	CR07510808		

CANCELLATION OF PRIOR INSURANCE

By acceptance of this Policy you give us notice canceling prior policy or bond numbers:

NONE

The cancellation to be effective at the time this Coverage Part becomes effective.

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AUTHORIZED
REPRESENTATIVE

William B. Vestal
President

Peck
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 011-637
BREWSTER INSURANCE GROUP INC
2290 E 4500 S STE 120
SALT LAKE CITY UT 84117-4591
CR AF 01 08 18

PAGE 01
BRANCH KEG 02-12
ENTRY DATE 05/21/2020

INSURED

Stock No. 07145

POLICY NUMBER: 43 X09650-04

COMMERCIAL CRIME
CR 25 08 03 00

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
INCLUDE SPECIFIED NON-COMPENSATED OFFICERS AS EMPLOYEES**

This endorsement modifies insurance provided under the following:

- COMMERCIAL CRIME COVERAGE FORM
- COMMERCIAL CRIME POLICY
- EMPLOYEE THEFT AND FORGERY POLICY
- GOVERNMENT CRIME COVERAGE FORM
- GOVERNMENT CRIME POLICY

A. Schedule*

Names Or Titles Of Non-Compensated Officers
 RICH TERNIEDEN, BOARD MEMBER
 MICHAEL DANIELS, BOARD MEMBER
 PAUL NEWBOLD, BOARD MEMBER

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* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

B. Provisions

The Definition of "Employee" is amended to include your non-compensated officers shown in the Schedule.



AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
 2290 E 4500 S STE 120
 SALT LAKE CITY, UT 84117-4591

AmFam.com

1-800-MY AMFAM (892-6326)

**Your Insurance
 Coverage Summary**

**Advance Notice of
 Renewal Premium**

002126EC108GAA4001482302 011637 0G1



THE SWISS ALPENHOF PROPERTY OWNERS ASSOCIATION
 1426 W 365 N
 MIDWAY, UT 84049-4700

May 28, 2020

THE SWISS ALPENHOF PROPERTY OWNERS ASSOCIATION

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: 08-01-2020 TO 08-01-2021

Customer Billing Account: 018-158-144 49

Policy Type:	NON-PROFIT DIRECTORS & OFFICERS LIABILITY POLICY
Policy Number:	43X0965005
Total Advance Renewal Premium:	\$1,238.00
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" \$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): 08-01-2009
 Retroactive Date (Coverages C): 08-01-2009

PENDING OR PRIOR LITIGATION DATE

Pending or Prior Date (Coverages A and B): 08-01-2009
 Pending or Prior Date (Coverages C): 08-01-2009

continued

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EXTENDED REPORTING PERIOD
ADDITIONAL PERIOD (Number of Months)

NONE

**This coverage summary does not represent contract terms.
Consult the policy for specific definitions and limitations.**

The renewal premium shown is for your next policy period.

**You may receive separate advance notice of renewal premium
if you have other Commercial Lines policies.**

**This coverage summary may not show all coverages and
limits on your policy.**

**Your American Family Agent is:
Brewster Insurance Group Inc**

kbrewste@amfam.com

2290 E 4500 S Ste 120
Salt Lake City UT 84117-4591
801-966-4571

7 S MAIN ST STE 110
Tooele UT 84074-2196
801-966-4571



AMERICAN FAMILY INSURANCE GROUP
6000 AMERICAN PKWY • MADISON, WISCONSIN 53783-0001

OFFER OF TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

Dear Policyholder:

Thank you for insuring with American Family Insurance. This notice provides you with important information about the Terrorism Risk Insurance Program Reauthorization Act of 2015. Please read the information below about the act and notify American Family if you wish to change your previous decision regarding acceptance or rejection of the coverage for “certified acts of terrorism.”

Some Background

On Nov. 26, 2002, President Bush signed the Terrorism Risk Insurance Act into law, which requires insurance carriers to make coverage available to policyholders for losses due to “certified acts of terrorism.” This law has been reauthorized since then, and the latest reauthorization occurred in January of 2015 when President Obama signed the Terrorism Risk Insurance Program Reauthorization Act of 2015 into law. The most recent reauthorization extends the current program for six years.

As an American Family customer, you have the right, under the recently reauthorized law, to purchase insurance coverage for losses resulting from “certified acts of terrorism,” which are defined as: any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism. The criteria contained in that law for certifying an act of terrorism includes the following:

- The act is a violent act or an act that is dangerous to human life, property or infrastructure;
- The act results in aggregate property and casualty insurance losses in excess of \$5 million; and
- The act is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Further Explanation

Where coverage is provided under the act for losses resulting from “certified acts of terrorism,” such losses may be partially reimbursed by the United States Government as established by the act. You should also understand that your policy may contain exclusions (not part of the act) that might affect your coverage. For example, if a “certified act of terrorism” occurs and results in damage that you’re not covered for under other portions of your policy, the terrorism coverage may not apply to the loss because you need to have underlying coverage to qualify for a “certified act of terrorism” loss covered by the act.

You should also be aware that the reauthorized act contains a \$100 billion cap that limits United States Government reimbursement as well as insurers’ liability for losses resulting from “certified acts of terrorism” to \$100 billion per calendar year. What this means is, if the combined insured losses for all insurers exceeds \$100 billion, your coverage may be reduced due to the cap.

Per the act, the United States government reimburses 85% through 2015; 84% beginning January 1, 2016; 83% beginning January 1, 2017; 82% beginning January 1, 2018; 81% beginning January 1, 2019 and 80% beginning January 1, 2020, of Certified Terrorism losses exceeding the statutorily established deductibles paid by American Family Insurance. Information regarding the premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the act.



Disclosure of premium

Policy	Premium Charge for Certified Acts of Terrorism
Non-Profit Directors & Officers Liability Policy	1.98% of the total premium

TERRORISM INSURANCE COVERAGE OPTIONS

Our records indicate you previously elected not to purchase coverage for “certified acts of terrorism” for the policy referenced above. If you do not wish to make any changes regarding this coverage, you do not need to do anything, and the coverage will continue to be excluded throughout the renewal term of your policy.

However, if you want to add coverage for “certified acts of terrorism,” please indicate your decision to accept coverage, and sign and return this notice in the provided envelope.

___ I wish to purchase coverage for “certified acts of terrorism.” I understand that I will be charged an additional premium for this coverage.

If you choose this option, you must notify us before your policy's effective date by signing and returning this letter in the enclosed envelope. (Exception: If we send you a disclosure form after the policy's effective date, and you wish to change your rejection, we will endorse your policy to reflect your new coverage election)

Your decision to accept coverage for “certified acts of terrorism” applies to the term of this policy. You will receive an offer and disclosure at each renewal as required by the Act.

Please sign and return this notice only if you are accepting coverage.

Insured's Signature		
Named Insured (please print)		Date
*Policy Number	Agt/Dst	*Policy Expiration Date

**Your policy number and policy expiration date are listed in the section after the first paragraph of the enclosed Insurance Coverage Summary letter. The policy expiration date is the second date shown in the “Policy Period” section after the word “TO”.*