



COMMERCIAL EXCESS LIABILITY POLICY DECLARATIONS

POLICY NUMBER: EZXS3060513

RENEWAL OF POLICY: NEW

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)

APERTURE HOMEOWNERS ASSOCIATION INC
C/O TOAD PROPERTY MANAGEMENT, P.O. BOX 2776
CRESTED BUTTE, CO 81224

Policy Period: From 09/18/2021 to 09/18/2022 at 12:01 A.M. Standard Time at your mailing address shown above.

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.

Table with 2 columns: Description, Limits Of Insurance. Rows include Each Occurrence Limit (\$5,000,000), Aggregate Limit (\$5,000,000), and Retained Limit / Each Occurrence (\$).

Table with 2 columns: Description, Premium. Rows include Policy Premium (\$3,000.00), Terrorism Premium (Not Covered), Fees (\$296.00), Total Premium (\$3,296.00 Payable At Inception), Audit Period (Not Applicable), and Rating Basis.

THIS CONTRACT IS DELIVERED AS A SURPLUS LINE COVERAGE UNDER THE "NONADMITTED INSURANCE ACT". THE INSURER ISSUING THIS CONTRACT IS NOT LICENSED IN COLORADO BUT IS AN APPROVED ELIGIBLE NON-ADMITTED INSURER. THERE IS NO PROTECTION UNDER THE PROVISIONS OF THE "COLORADO INSURANCE GUARANTY ASSOCIATION ACT".

Producer Number, Name and Mailing Address
214077
RT Specialty, LLC
5680 Greenwood Plaza Boulevard, Suite 100S
Greenwood Village, CO 80111

Endorsements
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:
Per Forms Schedule

Schedule Of Underlying Insurance
Per Schedule Of Underlying Insurance

These declarations, together with the Coverage Form and any Endorsement(s), complete the above numbered policy.

Countersigned: 09/22/2021 DATE By: [Signature] AUTHORIZED REPRESENTATIVE

**THIS CONTRACT IS DELIVERED AS  
A SURPLUS LINE INSURANCE  
UNDER THE 'NONADMITTED  
INSURANCE ACT'. THE INSURER  
ISSUING THIS CONTRACT IS NOT  
ADMITTED IN COLORADO BUT IS  
AN APPROVED NONADMITTED  
INSURER. THERE IS NO  
PROTECTION UNDER THE  
PROVISIONS OF THE 'COLORADO  
INSURANCE GUARANTY  
ASSOCIATION ACT.**

**A STOCK COMPANY**

**RSG Specialty, LLC**



## **EVANSTON INSURANCE COMPANY**

10275 West Higgins Road, Suite 750  
Rosemont, IL 60018

### **INSURANCE POLICY**

**Coverage afforded by this policy is provided by the Company (Insurer) and named in the Declarations.**

In **Witness Whereof**, the company (insurer) has caused this policy to be executed and attested and countersigned by a duly authorized representative of the company (insurer) identified in the Declarations.

A handwritten signature in cursive script that reads "Kathleen Anne Sturgeon".

**Secretary**

A handwritten signature in cursive script that reads "Ben W. Jones".

**President**



## HOW TO REPORT A CLAIM

### How to report a new claim:

- **Email:** newclaims@markel.com
- **FAX:** (855) 662-7535 (855) 6MARKEL
- **\*Phone:** (800) 362-7535 (800) 3MARKEL
- **Mail:** P.O. Box 2009, Glen Allen, VA 23058-2009

Please complete the appropriate ACORD form in detail and include the name and phone number of the contact person at the location of the reported incident. If possible, please attach a copy of the facility incident report. When reporting an auto claim, please identify the unit # on the schedule along with the VIN#. If the loss/claim involves a building or damage to property, please provide the physical address of the property.

**\*Please refer to your specific policy language for new claim reporting requirements. Some policies require you to report all claims in writing only.**

### How to send Supplemental Information / Questions on an existing claim:

- **Email:** markelclaims@markel.com
- **FAX:** (855) 662-7535 (855) 6MARKEL
- **Phone:** (800) 362-7535 (800) 3MARKEL
- **Mail:** P.O. Box 2009, Glen Allen, VA 23058-2009

If you have questions about a claim, please call 1-800-362-7535.

Inquiries may also be faxed to 1-855-662-7535.

