

Certificate of Declaration

NATIONAL EVENT PROVIDERS ASSOCIATION

A voluntary organization operating pursuant to the Liability Risk Retention Act of 1986 and whose principle mailing address is:
7835 Woodland Drive, Indianapolis, IN 46278

Policy Certificate

This policy certificate is issued under Master Policy Number CNA 7504391 issued to National Event Providers Association Risk Purchasing Group

Insurance Company Great Divide Insurance Company Scottsdale, Arizona Member Certificate #: ID06102023-107583	Producer JD Fulwiler & Co. Insurance DBA EventInsuranceNow 5727 S Macadam Ave. Portland, OR 97239
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Named Insured Member Corie Richter 4522 N Yorgason Way Boise, Idaho 83073	Policyholder NATIONAL EVENT PROVIDERS ASSOCIATION c/o Vertafore 7835 Woodland Dr. Indianapolis, IN 46278
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Policy Period

Effective Date: 06/10/2023	Expiration Date: 06/11/2023
(at 12:01 AM local time at the address of the Named Insured Member as stated above)	

COMMERCIAL GENERAL LIABILITY (Occurrence Form - CG 00 01)

Limits of Liability	Maximum Limit
General Aggregate Limit	\$3,000,000
Products-Completed Operations Aggregate	\$2,000,000
Each Occurrence Limit	\$1,000,000
Personal and Advertising Injury Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$250,000

Commercial General Liability Premium:	\$150.00 *,+
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Location and Description of Operations: Corie Richter and volunteers is/are afforded coverage for a Wedding / Wedding Reception to be held at The Cottage at Riverbend Estates in Eagle Idaho on 06/10/2023

Coverage afforded includes setup and takedown of the described event not to exceed 7 days before or after the event AND:
1) Host Liquor protection

Schedule of Additional Insureds

The Cottage at Riverbend 2811 West State St Eagle, Idaho 83613	Todd & Daisie McCauley 2811 West State St Eagle, Idaho 83613
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Date of Issue: 05/30/2023	<i>Trisha Fulwiler</i> _____ Authorized Representative
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This Certificate of Declarations page together with the National Event Providers Association Insurance Policy shall constitute the contract between the Named Insured and the Company. The limits of liability, premium, effective dates of coverage, and line of coverage provided to such Name Insured Member are specified above and are not shared with any other members. All claims are paid according to the terms and conditions of the Master Policy

* Amount shown above is Insurance Premiums Only
+ All membership fees are shown on the formal quotation and also the final transaction receipt.

OR2178

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED — DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) Or Organization(s)	
The Cottage at Riverbend	
Todd & Daisie McCauley	ID06102023-107583
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II — Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III — Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.