CERTIFICATE OF LIABILITY INSURANCE					ISSUE DATE (MM/DD/YYYY) 07/20/2022	
PRODUCER K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER				
INSURED Event Date: 07/30/2022			INSURERS AFFORDING COVERAGE			
Drew Urness 19560 Lower Pleasant Ridge Rd Caldwell, ID 83607		INSURER A: Markel American Insurance Company				
		Drew Urnes	HONOREE(S) Drew Urness Jamie Urness			
COVERAGE	CERTIFICATE NUMBER: W02254221					
THE POLICIES OF INSURANCE LISTED BELC NOTWITHSTANDING ANY REQUIREMENT, TO CERTIFICATE MAY BE ISSUED OR MAY PER TERMS, EXCLUSIONS AND CONDITIONS OF S	ERM OF CONDITION OF TAIN, THE INSURANCE A	ANY CONTRACT FFORDED BY T	T OR OTHER D HE POLICIES DI	OCUMENT WITH RESPECT TO ESCRIBED HEREIN IS SUBJEC	O WHICH THIS	
INSR TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS		
A GENERAL LIABILITY	M2WPL0000425356400	(MM/DD/YYYY) 07/30/2022	(MM/DD/YYYY) 07/31/2022	EACH OCCURRENCE	\$1,000,000	
X GENERAL LIABILITY CLAIMS MADE X OCCUR X HOST LIQUOR INCL X TPPD GENERAL AGGREGATE LIMIT	WZWF E0000423330400	12:01 AM EDT	12:01 AM	FIRE DAMAGE (Any one fire) MED EXP (Any one person) PERSONAL INJURY GENERAL AGGREGATE DAMAGE TO RNTD PROP	Included Excluded Included \$1,000,000 Included	
APPLIES PER: X POLICY PROJECT LOC						
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS				COMBINED SINGLE LIMIT (Each Accident) BODILY INJURY		
SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				(Per Person) BODILY INJURY (Per Accident)		
				PROPERTY DAMAGE (Per Accident)		
GARAGE LIABILITY ANY AUTO				AUTO ONLY-EA ACCIDENT OTHER THAN EA ACC AUTO ONLY AGG		
EXCESS LIABILITY			1	EACH OCCURRENCE		
OCCUR CLAIMS MADE DEDUCTIBLE RETENTION \$				AGGREGATE		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU OTHER E.L. EACH ACCIDENT		
OTHER				E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT		
		ICIONE ADDE	D DV ENDODE		ONG	
DESCRIPTION OF OPERATIONS/LOCATI Event Type: Wedding; Wedding Couple: Dread If the event continues past 12:00 am at the date. Event includes set up and break down event is a wedding. Set up and Break down hours prior to the event and 24 hours after the set of the event and 24 hours after the set of the event and 24 hours after the ev	ew Urness e location named on the n and the scheduled re n means decoration and	Event Date: Declarations Fearsal or rehe	07/30/2022; Lo Page, such con earsal dinner sc	ocation: The Cottage at River tinuation shall be considered heduled within 48 hours of th	bend I as the event ne event if the	
The certificate holder is included as an insunegligence of the Named Insured.	red under the Hosting F	acility Liability	Coverage, but o	only in respects to claims aris	sing out of the	
CERTIFICATE HOLDER The Cottage at Riverbend 811 W State St Eagle, ID 83616			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
			AUTHORIZED REPRESENTATIVE Acott human			
			Two I Janhou			