



**TOKIO MARINE
HCC**

**Tokio Marine HCC
Event Liability Certificate of Insurance**

This Certificate of Insurance is a coverage description intended to provide important information about the protection available to an **Insured Person** under the North American Wedding & Event Society Master Policy (the “Master Policy”). Keep this coverage description for your records. This coverage description is not an insurance policy and does not amend, extend or alter the coverage afforded by the Master Policy described herein. Terms shown in **bold** in this coverage description are defined in the Master Policy. The insurance afforded by the Master Policy as described herein is subject to all its terms, conditions and exclusions.

The Master Policy has been issued to North American Wedding & Special Event Society (the “**Master Policy Holder**”).

Insurance Company: Houston Casualty Company

Your Covered Event

| | | | | | | | |
|----------------------------|--|----------------------------|-------|-----------------------|-----------|--------------------------|-----------------------|
| Event Type: | Wedding (including rehearsal dinner and farewell brunch) | | | Guests: | 130 | | |
| Policy Number: | H22SE00129 | Certificate Number: | 52602 | Date of Issue: | 4/18/2023 | Coverage Date(s): | 5/12/2023 - 5/14/2023 |
| Certificate Period: | From the commencement of setup through the conclusion of breakdown for the Event (as defined in the Master Policy), except where otherwise provided. | | | | | | |

Named Insured: Georgia Stiehl-funke
Mailing Address: 9301 W Deerfawn Dr
 Star , ID 83669

Certificate Premium: \$119.00
Surcharge & Taxes: \$5.95
Total: \$124.95

Event Location 1: The Cottage at Riverbend
 2811 West State Street
 Eagle, ID 83616

Includes Host Liquor Liability

Event Location 2:

Includes Host Liquor Liability

Event Location 3:

Includes Host Liquor Liability

Event Location 4:

Includes Host Liquor Liability

| Policy Coverage | Limit | Deductible |
|------------------------|--------------|-------------------|
| Each Occurrence | \$1,000,000 | \$0 |
| General Aggregate | \$2,000,000 | \$0 |
| Property Damage | Included | \$0 |
| Med Exp. | Excluded | \$0 |

Administered by: eWedinsurance Services, LLC
 8731 Shoal Creek
 Austin Texas 78757

License Number: 2340589

For Policy Questions Call Toll Free: (800) 426-1064

Email: info@ewedinsurance.com

For Claims Call Toll Free: (800) 426-1064

Filing a Claim: To file a claim under the Master Policy, please complete eWedinsurance Services, LLC’s (“eWed”) online claims form at <http://www.ewedinsurance.com> or email eWed at claims@ewedinsurance.com

Master Policy: To receive a PDF copy of the Master Policy or to ask any questions regarding the Master Policy, email eWed at info@ewedinsurance.com

Disclosures: This insurance contract is with an insurer not licensed to transact insurance in this State and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code requires payment of a 4.85 percent tax on gross premium.
 The insurer for the purchasing group may not be subject to all the insurance laws and regulations of this state. The insurance insolvency guaranty fund may not be available to the purchasing group.