

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/03/2023

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. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement

(s).							-	CONTACT NAME: (C Dhilip Hadaan				
PRO	DUCE	:R:					ľ	CONTACT NAME:	C. Philip Hoason				
CPH Insurance								HONE FAX					
711 S Dearborn St, Ste 205 Chicago, IL 60605								A/C, No, Ext): 312-	, No, Ext): 312-987-0902				
	Ornouş	go, 12 00000						ADDRESS: info@cp	hins.com				
INSURED: Austin Canney 8149 N Sunglow PL								INSURER(S) AFFORDING COVERAGE				NAIC #	
								INSURER A: Philadelphia Indemnity Insurance Company INSURER B:			1	3058	
Boise, ID 87714								INSURER C:					
							-	NSURER D:					
								NSURER E:					
							!	NSURER F:					
REQI POLI	JIREN CIES (MENT, TERM OR CONDITION	CERT IES OF INSURANCE LISTED BE N OF ANY CONTRACT OR OTHI JECT TO ALL THE TERMS, EXC	LOW F ER DO	CUMENT WITH RE	SPEC ONS O	T TO \ F SUC	WHICH THIS CERTIF H POLICIES. LIMITS	FICATE MAY BE ISS SHOWN MAY HAVE	CY PERIOD INDICA UED OR MAY PER BEEN REDUCED I	TAIN, THE INSURANCE		BY THE
INSR LTD							SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COM	MERCIAL GENERAL LIABILI	ГҮ			1			(,	(EACH OCCURRENCE	\$1,000,0	000
	Х	COMMERCIAL GENERAL L	IABILITY								DAMAGE TO RENTED PREMISES (Ea occurren	\$300,00	0
Α		CLAIMS MADE X OCCUR									MED EXP (Any one perso		
		<u> </u>				1	1	EV113063	05/19/2023	05/21/2023	PERSONAL & ADV INJU		000
	L.,					1					GENERAL AGGREGATE		
		X Host Liquor Liability included									PRODUCTS - COMP/OF	, , ,	
	GEN'I	L AGGREGATE LIMIT APPLIE POLICY	ES PER: PROJECT		TLOC						AGG	\$3,000,0	000
		MODII E I IADII ITV				+	-				COMBINED SINGLE LIM	IT	
	AUTO	ITOMOBILE LIABILITY:									(Ea accident)		
		ANY AUTO ALL OWNED	SCHEDULED								BODILY INJURY (Per person)	\$	
		-									PROPERTY DAMAGE(P accident)	er \$	
		HIRED AUTOS	NON-OWNED AUTOS								BODILY INJURY (Per accident)	\$	
		UMBRELLA LIAB	OCCUR								EACH OCCURENCE	\$	
		EXCESS LIAB	CLAIMS-MADE								AGGREGATE	\$	
		DED RETENTION	S\$										
_	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPIETOR'PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDER? (Mandatory in NH) If yes, describe under										WC STATU- TORY LIMITS	OTH- ER	
											E.L. EACH ACCIDENT	\$	
						N/A					E.L. DISEASE - EA	\$	
											EMPLOYEE E.L. DISEASE - POLICY		
		CRIPTION OF OPERATIONS	below				<u> </u>				LIMIT	\$	
DESC	RIPT	ION OF OPERATIONS / LOC	ATIONS / VEHICLES (ACORD 10	1, Add	itional Remarks S	chedu	le, may	be attached if more	space is required)		1		
Even	t: Wed	dding Ceremonies / Receptions	Effective Date: 05/19/2023	3	End Date: 05/21/20	023	Ver	nue Location: Cottage	e at Riverbend, 2811	W State Street, Boise	, ID 83616		
CER	TIFIC	ATE HOLDER					CANCELLATION						
Proof of Coverage								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
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								(, Phip	Hoekon				
								(, , ,		AUTUODIZED DE	DDECENTATIVE		

C. Philip Hodson