

Houston Casualty Company CERTIFICATE OF ADDITIONAL INSURED

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.

The Master Policy has been issued to North American Wedding & Event Society (the "Master Policy Holder").

Event Type:	. Wedding (including rehearsal dinner and farewell brunch)			Guests:	135			
		Certificate						
Policy Number:	H22SE00129	Number:	55970	Date of Issue:	7/7/2023	Coverage Date(s):	10/13/2023 - 10/15/202	
INSURANCE CO		i tumber.		Houston Casualty C	Company	coverage Date(s).		
PRODUCER				fiousion custury c	company			
eWedinsurance Serv	vices, LLC							
8731 Shoal Creek								
Austin Texas 78757	,							
Tel: (800) 426-1064								
INSURED								
Josiah Flader								
3400 South Edge	Rim Way							
C C	2							
Meridian, ID 83	642							
		CEDTIEICATE	CERTIFICATE	CERTIFICATE				
TYPE OF INSURANCE		CERTIFICATE	EFFECTIVE	EXPIRATION	LIMITS			
		NUMBER	DATE	DATE				
GENERAL LIABII	LITY	GL55970	7/7/2023	10/15/2023	EACH OCCURRE		\$1,000,000	
☑ GENERAL LIABILITY		GL33970	////2023	10/13/2023	DAMAGE TO REN	TED PREMISES	\$300,000	
□ CLAIMS MADE ☑ OCCUR					(Ea Occurrence)			
HOST LIQUOR INCL.					MED EXP (Any one person) \$5,0			
□ PNC □ VENUE WAIVER OF					PERSONAL & AD	V INJURY AGG	\$1,000,000	
SUBROGATION							\$1,000,000	
GENERAL AGGREGATE LIMIT					GENERAL AGGR	EGATE	\$2,000,000	
APPLIES PER:								
$\square POLICY \blacksquare PROJECT \square LOC$					PRODUCTS - CON		\$1,000,000	
AUTOMOBILE LIABILITY					COMBINED SING	ILE LIMIT		
ANY AUTO					(Each Accident) BODILY INJURY			
 □ ALL OWED AUTOS □ SCHEDULED AUTOS 								
□ HIRED AUTOS					(Per Person) BODILY INJURY			
□ NON-OWNED AUTOS					(Per Accident)			
						AGE (Per Accident)		
EXCESS LIABILITY					EACH OCCURRENCE			
\Box CLAIMS MADE \Box Occur					GENERAL AGGREGATE			
□ DEDUCTIBLE								
□ RETENTION								
WORKERS COME	PENSATION				WC STATUS /OT	HER		
AND EMPLOYERS' LIABILITY					E.L. EACH ACCID	ENT		
					E.L. DISEASE-EA	EMPLOYEE		
					E.L. DISEASE-PO	LICY LIMIT		
OTHER								
	PERATIONS/LOCATIONS/							
	ded as an additional insured under the ation, such continuation shall be con-							
and 2 days after the event.								
CERTIFICATE HOLDER					CANCELLATION			
The Cottage at Riverbend					SHOULD ANY OF THE ABOVE DESCRIBED			
2811 West State Street					POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN			
Eagle, ID 83616								
						WITH THE POLICY		
					AUTHORIZED	REPRESENTATIV	E	

