

## 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 h	as been issued to Nor	rth American Wedding	g & Special Event So	ciety (the "Master Po	licy Holder'').		
Insurance Compar	ny:			Houston Casualty C	ompany		
Your Covered Event							
Event Type:	Wedding (including rehearsal dinner and farewell brunch)			Guests:	145		
Event Type.		Certificate		Guests.	1.0		
Policy Number:	H22SE00129	Number:	57303	Date of Issue:	8/7/2023	Coverage Date(s):	9/8/2023 - 9/10/2023
Certificate Period:	provided.	ment of setup through	the conclusion of of	cakdown for the Even	it (as defined in the M	aster 1 oney), except v	where otherwise
Named Insured:				Ashley Fultz			
Mailing Address:				128 14th Avenue North			
				Nampa , ID 83687			
Certificate Premium:				\$139.00			
Surcharge & Taxes:				\$6.95			
Total:				\$145.95			
Event Location 1:				The Cottage at Riverbend 2811 West State Street			
Includes Host Liquor Liability				Eagle, ID 83616			
Event Location 2:	<u> </u>						
Includes Host Liquo	r Liability						
<b>Event Location 3:</b>	· · · · · · · · · · · · · · · · · · ·						
Includes Host Liquor Liability							
Event Location 4:	Liability						
	T 1 1 112						
Includes Host Liquo Policy Coverage	r Liability			I is	mit	Dodu	ctible
Each Occurrence				Lili	\$1,000,000	Dedu	\$0
General Aggregate					\$2,000,000		\$0 \$0
Property Damage				\$2,000,000 Included \$0			
Med Exp.					\$5,000		\$0
Administered by:				eWedinsurance Serv	. , ,	l.	**
·				8731 Shoal Creek			
				Austin Texas 78757			
License Number:				2340589			
For Policy Questions Call Toll Free:				(800) 426-1064			
Email For Claims Call Toll Free:				info@ewedinsurance.com			
For Claims Call Toll	Free:			(800) 426-1064			
				To file a claim under the Master Policy, please complete eWedinsurance Services,			
Filing a Claim:				LLC's ("eWed") online claims form at http://www.ewedinsurance.com or email			
				eWed at claims@ew	edinsurance.com		
M., 4., D. P.,				To receive a PDF copy of the Master Policy or to ask any questions regarding the			
Master Policy:				Master Policy, email eWed at info@ewedinginsurance.com 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			
Disclosures:				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 the available to the purch		e insolvency guaranty	runa may not be
ı				avanable to the purch	nasnig group.		