

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:	130			
Event Type:	wedning (merdanig rene	Certificate	oranien)	Guests:	130			
Policy Number:	H22SE00129	Number:	58634	Date of Issue:	9/4/2023	Coverage Date(s):	9/15/2023 - 9/17/2023	
Certificate Period:	provided.	ment of setup unough	the conclusion of bi	cakdowii ioi tile Even	it (as defined in the ivi	aster Folicy), except v	where otherwise	
Named Insured:				Anna Arutyunova				
Mailing Address:				1430 Q Street				
				706 Sacramento , CA 95811				
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:	of Elability							
Event Education 2.								
Includes Host Liquo	or Liability							
Event Location 3:	of Endomity							
Includes Host Liquor Liability								
Event Location 4:	n Elaomity							
Event Education 1.								
	T 1 1 11 11 11 11 11 11 11 11 11 11 11 1							
Includes Host Liquo Policy Coverage	or Liability			т ::		Dodu	ctible	
Each Occurrence				Li	mit	Deuu	\$0	
General Aggregate					\$1,000,000		\$0 \$0	
Property Damage				\$2,000,000 \$0 Included \$0				
Med Exp.				\$5,000				
Administered by:				eWedinsurance Serv	. , ,		Ψ0	
				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				Tavanaoie to the purci	nasnig group.			