

Receipt

DATE: 04/15/2025
Policy #: M3744745

Farm Insurance Brokerage Co., Inc.

c/o Kim Parish
PO Box 4848
Pocatello, ID 83205
(208) 239-4248

Event Holder / Insured

Matt and Tammi Harr
Morgan Harr & Kaleb Whitlock
265 Howard Dr
Twin Falls, ID 83301

Policy Limits

Each Occurrence \$1,000,000
(Includes Bodily Injury and Property Damage)
Damage to Rented Premises (other than fire) \$1,000,000
Personal & Advertising Injury \$1,000,000
Products / Completed Operations Aggregate \$2,000,000
General Aggregate \$2,000,000
Medical Payments \$5,000
Liquor Liability Host Included
Waiver of Subrogation Not Included
Primary & Non-Contributory Not Included
Additional Insured(s) Included
Hired & Non-Owned Not Included
Auto Included
Deductible \$1,000

Event Details

Wedding (Ceremony, Reception, Rehearsal &/or Breakfast)
Attendance: 250 people

Cost Breakdown

Premium: \$ 87.00
Stamping Fee: \$ 1.00
Tax: \$ 2.00
Policy Fee: \$ 38.00
RPG Fee: \$ 0.00

Refund Policy

If I choose to cancel my general liability policy, I will be subject to a refund fee of \$38.00, the full Administration Charge on my policy. In the very unlikely case www.TheEventHelper.com's coverage terms do not meet my venue's insurance requirements and cannot be amended to do so, I am eligible for a full refund of my policy price. No refunds will be issued after the commencement of the policy period.

AMOUNT PAID

\$ 128.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/17/2025

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 have **ADDITIONAL INSURED** provisions or 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).

PRODUCER Farm Insurance Brokerage Co., Inc. C/o Kim Parish PO Box 4848 Pocatello ID 83205		CONTACT NAME: C/o Kim Parish PHONE (A/C. No. Ext): (208) 239-4248 E-MAIL ADDRESS: kparish@idfbins.com		FAX (A/C. No):	
INSURED Matt and Tammi Harr Morgan Harr & Kaleb Whitlock 265 Howard Dr Twin Falls ID 83301		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Evanston Insurance Company		35378	
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Host Liquor Liability <input type="checkbox"/> Retail Liquor Liability	Y	N	3DS5476-M3744745	09/19/2025 12:01 AM	09/22/2025 12:01 AM	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (other than fire) \$ 1,000,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2,000,000	
						Deductible \$ 1,000	
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$	
						BODILY INJURY (Per person) \$	
						BODILY INJURY (Per accident) \$	
						PROPERTY DAMAGE (Per accident) \$	
						\$	
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$	
						AGGREGATE \$	
						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A				PER STATUTE OTH-ER	
						E.L. EACH ACCIDENT \$	
						E.L. DISEASE - EA EMPLOYEE \$	
						E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder listed below is named as additional insured per attached MEGL 2217 01 19. Attendance: 250, Event Type: Wedding (Ceremony, Reception, Rehearsal &/or Breakfast).

CERTIFICATE HOLDER		CANCELLATION	
The Cottage at Riverbend 2811 W State St Eagle ID 83616		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
		AUTHORIZED REPRESENTATIVE C/o Kim Parish	

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EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

The Cottage at Riverbend
2811 W State St
Eagle, ID 83616

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II – Who Is An Insured:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.



Evanston Insurance Company

COMMON POLICY DECLARATIONS

Promotion, Event and Prize Purchasing Group

MASTER POLICY NUMBER: 3DS5476

CERTIFICATE NUMBER: 3744745

Named Insured and Mailing Address:

Matt and Tammi Harr
Morgan Harr & Kaleb Whitlock
265 Howard Dr, Twin Falls, ID 83301

Policy Period: From 09/19/25 to 09/22/25 at 12:01 A.M. Standard Time at your mailing address (shown above).

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Table with 3 columns: Coverage Description, Amount, and Location. Includes rows for General Aggregate Limit, Products/Completed Operations Aggregate Limit, Personal and Advertising Injury Limit, Each Occurrence Limit, Damage to Premises Rented to You Limit, and Medical Expense Limit.

These declarations, together with the Common Policy Conditions and Coverage Form(s) and any Endorsement(s), complete the above numbered policy.

Table with 1 column: FORMS AND ENDORSEMENTS. Content includes SEE FORMS SCHEDULE - MDIL 1001 and ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION - MEGL 2217 01 19.

Producer Number, Name and Mailing Address

East Main Street Insurance Services, Inc.
Will Maddux
PO Box 1298
Grass Valley, CA 95945

Table with 2 columns: Fee Type and Amount. Includes Premium (\$87.00), Surplus Tax (\$2.00), Stamp Fee (\$1.00), and Other Fee (\$0.00).

Countersigned: 04/15/2025
Date

By: [Signature]
AUTHORIZED REPRESENTATIVE

