

CERTIFICATE OF LIABILITY VENUE/EVENT REQUEST

CLIENT\INSURED:

INSURER:

DATES REQUIRED:

OPERATIONS OTHER THAN THOSE DECLARED ON POLICY: Yes No

TYPE OF, OR NAME OF VENUE, IF ANY:

EVENT NAME, IF ANY:

ADDITIONAL INSURED (AI):

ADDITIONAL INSURED ADDRESS:

RELATIONSHIP TO CLIENT:

Contract or sub-contract

SPECIAL REQUESTS:

Please attach any written agreement between yourselves and the Additional Insured pertaining to insurance requirements (i.e., contract).