

EVENT INFORMATION FORM

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| NAME OF EVENT: | |
| LOCATION OF EVENT: ADDRESS WHERE THE EVENT TAKES PLACE: | |
| CERTIFICATE HOLDER: THE ORGANIZATION ASKING FOR THE CERTIFICATE, PLEASE PROVIDE COMPLETE ADDRESS ADDITIONAL INSURED/LOSS PAYEE: (PLEASE INCLUDE ADDRESS OF THE ABOVE) | |
| DATE(S) OF EVENT: (PLEASE INCLUDE SETUP AND TEAR DOWN TIME) | |
| OPERATION'S & ACTIVITIES RELATING TO EVENT: | |
| ADDITIONAL INFORMATION: | |