

## INSURANCE CERTIFICATE REQUEST

Submit one form for each service provider/venue who requires a proof of liability insurance, and that they are explicitly listed on the insurance for your event.

The following information is required from you for each service provider/venue:

DATE(S) of your event(s):

LOCATION (of your event, or the venue requesting insurance coverage):

NAME(S) of your event(s):

NAME of ADDITIONAL INSURED (to be added to proof of insurance):

ADDRESS of ADDITIONAL INSURED:

RELATIONSHIP to your event(s):

Please attach any written agreement between your event and the Additional Insured if it pertains to insurance requirements.

Please email this form to **admin@trinl.com** as far in advance of your event as possible.