

Event Liability Insurance Verification Form

Instructions: Please complete all sections below. This form is for verification purposes and must be printed, signed, and submitted to the event venue administration prior to the event date.

1. Event Organizer & Host Information

Full Name of Host/Organization:

Contact Person:

Phone Number:

Email Address:

2. Event Details

Event Title/Name:

Type of Event (e.g., Wedding, Concert, Conference):

Date of Event (MM/DD/YYYY):

Venue/Location Name:

Expected Number of Attendees:

3. Insurance Provider & Policy Details

Insurance Company Name:

Policy Number:

Policy Effective Date (MM/DD/YYYY):

Policy Expiration Date (MM/DD/YYYY):

General Liability Limit (Per Occurrence):

General Liability Limit (Aggregate):

Additional Insured Party (if required):

4. Verification and Sign-off

I hereby certify that the insurance policy detailed above is active, in full force, and covers the specified event. I understand that any cancellation or modification to this policy must be reported immediately to the venue management.

Authorized Representative Name:

Title / Relationship to Host:

Date Signed (MM/DD/YYYY):

Signature (Sign inside the box after printing):