



CounterPulse Certificate of Insurance Request Form

Revised: June 2022

Send to zoe@counterpulse.org. Please allow two weeks for processing.

Request Info

House Artist Name: _____ Date of Request: _____

House Artist Email Address: _____

House Artist Phone Number: _____

Insurance Request Specifications (if applicable): _____

Event Details

Name of Event: _____ Date of Event: _____

Description of Event: _____

Location of Event: _____

Address: _____

City: _____ State: _____ Zip: _____

Additional Insured

Name (location/venue): _____

Attn. (List a contact at the location/venue): _____

Address (please re-write here if the same as the address in event details):

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Note: Upon approval, House Artists will be charged a \$100 administrative fee.

Office Use Only: DOP/OM: _____