**Certificate of Insurance Request Form**

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| **Clubs Only:** | |
| Are you a current, active member of your organization? \* | Yes No |
| Name of Organization or Association? |  |
| Club Name? |  |
| **Contact Information:** | |
| Policy or client number: |  |
| Name, title and address of Insured: |  |
| Phone: |  |
| Provide your current Email Address: (Delivered by email) |  |
| **Event Information:** | |
| Name of event: |  |
| Location of event: (name and physical address) |  |
| Date of the event(s): |  |
| Name and address of the entity requesting proof of coverage: |  |
| Is the entity requesting to be named as an Additional Insured? \* | Yes No |
| Does the entity own the event location? \* | Yes No |
| Explain the Additional Insured’s role/interest in the event: |  |
| Type of event (meeting, musical performance, etc.): |  |
| Explain your role/activities with respects to this event: |  |
| **Authorization:** | |
| **Signature:** | **Date:** |
| \*Note, double click to answer the Yes/No questions – click checked and ok.  \*\***Important - AMBA is unable to process incomplete and/or unsigned Certificate requests\*\*** | | | |

**Please fax or email your request to:**

**Fax: 515-365-3005 | Email: plsdsteam.service@amba.info**

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