



Association Member Benefits Advisors, LLC.  
 In CA dba Assn. Member Benefits & Insurance Agency  
 PO Box 14575  
 Des Moines, IA 50306-4575  
 800-503-9227 Fax: 515-365-3005

## Certificate of Insurance Request Form

<b>Clubs Only:</b>	
Are you a current, active member of your organization? *	Yes    No
Name of Organization or Association?	
Club Name?	
<b>Contact Information:</b>	
Policy or client number:	
Name, title and address of Insured:	
Phone:	
Provide your current Email Address: (Delivered by email)	
<b>Event Information:</b>	
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:	
<b>Authorization:</b>	
<b>Signature:</b>	<b>Date:</b>

\*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](mailto:plsdsteam.service@amba.info)

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