

FOR CERTIFICATE OF INSURANCE or
CERTIFICATE OF ADDITIONAL INSURED

Use these instructions to fill out the form. DO NOT submit this form.

The form is an editable word document. Once saved to your computer you can click into the boxes and a dialogue window will open allowing you to insert checkmarks in the boxes. The gray boxes at the end of each question also allow editing.

See below comments in red for additional guidance on answering each question on the request form.

Are you a current, active member of your organization? If you are an active member of NFO, check Yes. If NO, STOP! You do not qualify for insurance coverage.

Name of Organization / National Folk Organization

Club Name Enter your Name or your Club Name

Policy Number or Client Number Enter 146518

Name, Title, & Address of insured/Member Requesting Certificate Enter your Name and Address.

Phone: Enter your telephone number.

Your certificate of insurance will be delivered only by email. Provide your current email address: Enter your Email address.

Name of event: Enter what the event is. Weekly folk dance night, rehearsal, performance. Any additional information is helpful, but not required.

Location of the event (Name and Address) Be as specific as possible. If the answer is too vague we will reach out for clarification, however this can delay the issuance of the certificate.

Date of the event(s) This can be a single date, multiple dates for the same event (ex. monthly meetings), or a date range if it is an ongoing event (folk dance weekend, festival). If the certificate is needed for the entire policy term the date range will be from the date we receive the request to the end of your current policy period, which is Nov. 8, 2023.

Name and address of entity requesting proof of coverage Enter the name of the person or business requesting the certificate. Each form should list only one person or entity. If there are more than one Additional Insured, each additional entity needs to have both pages of the request form submitted to ensure accuracy on the certificates.

Is the entity requesting to be named as an Additional Insured? If requesting a Certificate of Insurance only, check NO. If requesting a Certificate of Additional Insured, check YES.

Does the entity own the event location? If the entity owns the event location, check YES. If not, check NO.

Explain the additional insured's role/interest in the event. If requesting a Certificate of Insurance ONLY, leave blank. If requesting a Certificate of Additional Insured, explain the relationship between your club and the entity requesting Additional Insured status. Why are they requesting to be Additional Insured, what is their involvement in the event?

Type of event (meeting, musical performance, etc): Enter activity (dance, performance, etc)

Explain your role/activities with respects to this event. Are you sponsors, volunteers, or participants? Do you run the event?

Sign and date the form.

If sending by Email, a typed name is sufficient for your signature.

Fax to: 515-365-3005

Or

Email to: plsdsteam.service@amba.info

Please note: A signature and date is required on each form submitted. AMBA is unable to process incomplete and/or unsigned Certificate requests.

IMPORTANT: You should receive an email confirmation from AMBA immediately after submitting your form. Be sure to check your SPAM folder if you don't find it in your email inbox.