



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

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@getamba.com

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