



AMBA  
PO Box 14575  
Des Moines, IA 50306-4575  
800-503-9227

## Certificate of Insurance Request Form

Clubs Only:	
Are you a current, active member of your organization? *	<input type="checkbox"/> Yes <input type="checkbox"/> 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? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the entity own the event location? *	<input type="checkbox"/> Yes <input type="checkbox"/> 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: 515-993-9681 | Email: [plsdsteam.service@amba.info](mailto:plsdsteam.service@amba.info)

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