

MARS

H Affinity Group Services A service of Seabury & Smith, Inc. PO Box 14521 Des Moines, IA 50306-4521
Phone: 1-800-503-9227

Certificate of Insurance Request Form

Are you a current, active member of your organization? Yes No ****If**

answer is no, please contact your International organization**

Name of Organization: AMBUCS (National AMBUCS™, Inc.)

Chapter Name: _____

Policy Number: 01LX0696165

Name of Officer/Member Requesting Certificate: _____

Address of Officer/Member: _____

City/State/Zip: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

1 Is the event sponsored by your group? Yes No

2 Name of event: _____

3 Your group's function and/or activities for the event: _____

4 Location of the event: _____

5 Date of the event/function: _____

6 Name of entity (including mailing address) requesting proof of liability coverage:

7 Is the entity requesting to be named as an Additional Insured? Yes No

8 Is the facility the property owner where the event is being held? Yes No

9 If no, please provide explanation of relationship between your club and the entity requesting the

Additional Insured status: _____ Signature: _____

_____ Date: _____

Please fax or email your request to: Fax-515-365-3005 or Email-plsdsteam@marshpm.com