

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: **01LX0696165-4**

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