

## Special Event Liability Insurance Application – Employee Clubs/Groups

Phone: 866-838-9536

E-mail: [plsdsteam.service@getamba.com](mailto:plsdsteam.service@getamba.com)

**Please complete the application to obtain a Certificate of Insurance for your event.**

Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person Name (Billing): \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Contact Email address: \_\_\_\_\_

1. Do any of the following apply to your event? Yes  No

**If "Yes", the event is not eligible for coverage because these activities, devices and recreational exposures are excluded from the policy.**

Aircraft, Airport; Amusement Device; Animals; Bungee; Carnivals & Fairs with Mechanical Rides Operated by the Insured; Events in Private Residences; Grass Skiing; Haunted Attractions; Hot Air Balloon; Inverted Aerial Maneuvers; Objects Propelled at People; Leased/Loaned/Rented Recreational Vehicles; Outdoor Inflatables Operated by the Insured; Political Events or Rallies; Pyrotechnicians/Fireworks; Rodeos; Racing, Speed, Demolition or Stunting Activity involving any Motorized Vehicle, Motorcycle, Watercraft, Power Boat, Sailboat; Shooting Activities; Snow Sleds; Snowmobiles; Saddle Animals; Trampolines; and Unmanned Aircraft.

2. Event Name: \_\_\_\_\_

3. Complete description of event(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Total Estimated # of Attendees/Spectators: \_\_\_\_\_

5. Date(s) of Event(s): \_\_\_\_\_

6. Location of Event(s):  
a. Location Name: \_\_\_\_\_  
b. Street Address 1: \_\_\_\_\_  
c. Street Address 2: \_\_\_\_\_  
d. City: \_\_\_\_\_  
e. State: \_\_\_\_\_  
f. Zip Code: \_\_\_\_\_

7. Are you required to provide proof of insurance to anyone other than the venue location provided above? Yes  No

If "Yes", provide the name of the Certificate Holder as it should appear on the Certificate of Insurance and the street address below. This is an entity that requires a copy of the Certificate of Insurance for proof of coverage.

- a. Additional Location Name: \_\_\_\_\_
- b. Street Address 1: \_\_\_\_\_
- c. Street Address 2: \_\_\_\_\_
- d. City: \_\_\_\_\_
- e. State: \_\_\_\_\_
- f. Zip Code: \_\_\_\_\_

8. Is coverage needed for any outside Vendors, Exhibitors, or Performers? Yes  No

*If outside Vendors, Exhibitors, or Performers are present, you must obtain a copy of their Liability Certificate of Insurance (COI) with your group and the University named as an Additional Insured. If they do not have this coverage, some may be able to apply for coverage with our Event Liability (non-UC parties) (TULIP) pdf application, located on the CampusConnexions website. Please contact your Risk Office for specific requirements/approvals of outside Vendors/Exhibitors/Performers.*

### **Fraud Notices**

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

**NOTICE TO MINNESOTA AND OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO MAINE AND VIRGINIA APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

**NOTICE TO NEW MEXICO APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

**NOTICE TO TENNESSEE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**\*\*\*Important\*\*\***

In accordance with industry custom, Association Member Benefits Advisors (in California DBA: Association Member Benefits & Insurance Agency) is compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. These commissions are used to fund enrollments, ongoing servicing, billing, marketing, customer administrative and claim servicing, and communications. Our compensation may vary depending on the type of insurance purchased and the insurer selected.

Signing this Application shall not constitute a Binder or obligate the Company to provide this insurance, but it is agreed this Application shall be the basis on which a policy may be issued. Coverage will become effective upon approval of this Application and acceptable payment of premium.

\_\_\_\_\_  
Insured Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

**CampusConnexions Program Administrator:**  
Association Member Benefits & Insurance Agency  
P.O. Box 14521  
Des Moines, IA 50306

CA Insurance License #0196562