

**University of California  
Foundation, Alumni & Support Groups and Emeriti & Retiree Groups  
Event Insurance Registration Form**

Phone: 866-838-9536

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

Please complete all fields, any incomplete applications will be sent back to applicant.

Campus Name: \_\_\_\_\_

Group/Organization Name: \_\_\_\_\_

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

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

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

Contact Person Name: \_\_\_\_\_

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

1. Group/Organization Type: Foundation  Alumni  Support Group  Emeriti  Retiree

2. Do any of the following excluded items or activities 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 this policy. You may contact AMBA CampusConnexions for advisement on potential outside insurance markets for your event.**

*Aircraft, Airport; Amusement Device; Animals; Any Watercraft that You Do Not Own that is 58 Feet in Length or Longer and is Being Used to Carry Persons or Property for a Charge; Bungee; Carnivals & Fairs with Mechanical Rides Operated by the Insured; Grass Skiing; Hot Air Balloon; Inverted Aerial Maneuvers; Objects Propelled at People; Outdoor Inflatables Operated by the Insured; 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.*

3. Does the event involve any of the following high-risk activities? Yes  No

**If "Yes", further underwriting review is required which may take up to 7-10 days.**

*Any Activity on/in the Water, Haunted Houses, Events of a Political Nature (i.e. Conference, Convention, Lecture, Rally, Seminar, Speaking Engagement or Symposium), Use of Leased/Loaned/Rented/Owned Recreational Vehicles.*

4. Do you want coverage for participants of any type of athletic/sports-related activity? Yes  No

**If "Yes", further underwriting review is required which may take up to 7-10 days.**

*Note: This policy excludes payment for medical expenses for bodily injury that occurs while practicing, instructing, or participating in any physical exercises or games, sports, or athletic contests. You may contact AMBA CampusConnexions for assistance with Excess Accident Medical coverage options outside of this policy.*

5. Will any part of the event be at a private residence/property? Yes  No

*If "Yes", please note that when events are held at private residences/properties, coverage under this FAS policy is excess of your primary homeowner's insurance and umbrella insurance policy limits.*

6. Event Name: \_\_\_\_\_

7. Event Date(s): \_\_\_\_\_

8. Provide a complete description of the event(s) which your group is hosting/organizing.

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9. Will the event be held ON Campus? Yes  No

10. Event Location Information:

- a. Name of Venue/Building: \_\_\_\_\_
- b. Street Address 1: \_\_\_\_\_
- c. Street Address 2: \_\_\_\_\_
- d. City: \_\_\_\_\_
- e. State: \_\_\_\_\_
- f. Zip Code: \_\_\_\_\_

11. Total # of expected FAS/Emeriti/Retiree Group Members attending and/or participating in the event which is being hosted/ organized by the group? \_\_\_\_\_

12. Total # of expected Attendees/Spectators at the event hosted/organized by the group: \_\_\_\_\_

13. For events occurring over multiple days, state the maximum # of expected attendees (at any one time). \_\_\_\_\_

14. Will valet parking be used at the event? Yes  No

15. Is any part of the event hosted/organized by your group outside of the group's home country? Yes  No

If "Yes", further underwriting review is required which may take up to 7-10 days.

*This is a General Liability insurance policy for Special Events only. It is not group travel insurance. Check with the company organizing the trip or visit the University of California Personal Travel insurance website for travel insurance options.*

a. If "Yes", provide the details and country(ies) \_\_\_\_\_

16. Is alcohol being served at no charge to attendees? Yes  No

*If "Yes", answer questions a, b & c.*

a. What is the estimated cost of the liquor being served? \_\_\_\_\_

b. Will an outside Vendor be used for serving alcohol? Yes  No

*If an outside Vendor is serving alcohol, a Certificate of Insurance is required naming your group and University of California as Additional Insureds with Limits of Liability as required by the venue.*

c. Will controls be in place to prevent serving minors and overserving adult attendees? Yes  No

*(i.e. ID check, wristbands, limited number of tickets per person)*

**If "No", further underwriting review is required which may take up to 7-10 days.**

17. Is Liquor Liability Insurance needed? Yes  No

**If "Yes", further underwriting review is required which may take up to 7-10 days and additional charges will apply.**

*If you (the host) are charging for liquor at the event, then it is required that you obtain Liquor Liability Insurance. If being sold by an insured third party (i.e. a licensed caterer), then the third party is required to provide you with proof of their Liquor Liability Insurance. In addition, check with the city and county about possible permit requirements to sell liquor.*

a. Are the servers trained in alcohol awareness like TIPS? Yes  No

b. What are the estimated liquor/alcohol sales? \_\_\_\_\_

c. Provide the liquor license number (required to get coverage for liquor liability): \_\_\_\_\_

18. 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 of California named as an Additional Insured. If they do not have this coverage, some may be eligible to apply for coverage with our Event Liability (non-UC Parties) (TULIP) pdf application.*

19. Are you required to provide proof of insurance to anyone other than the venue location provided above?

Yes  No

*This is an entity that requires a copy of the Certificate of Insurance only for proof of coverage.*

*If "Yes", provide the name of the Certificate Holder as it should appear on the Certificate of Insurance and the street address below.*

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

20. Does an Additional Insured need to be listed on the Certificate? Yes  No

*Policy coverage is extended to this entity/individual upon request. Please provide the contract between you and the requested Additional Insured to AMBA.*

*Our underwriting team's review may take 3-5 business days; for more immediate requests, please call us at 1-866-838-9536, Monday-Friday, 8am-5pm (CT).*

a. If "Yes", is any special verbiage required on the Certificate by the Additional Insured? Yes  No

*If "Yes", provide specific verbiage or specific requirements below.*

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*Provide the name and the physical street address of the Additional Insured exactly as it should appear on the Certificate of Insurance.*

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

## **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."

In accordance with industry customs, 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, if applicable.

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Insured Signature

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Date

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Agent Signature

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Date

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

CA Insurance License #0196562