AMBA INSURANCE APPLICATION GUIDE

Phone: 866-838-9536 AFax: 515-993-9681 AEmail: plsdsteam.service@amba.info

- 1. Go to https://ucla.campusconnexionsuc.com/
- 2. Click the section titled "FAS, Emeriti & Retiree Event Liability"



- 3. Click the button titled "Learn More" _
- 4. A new window for Campus Connexions will open.



5. Scroll down and click the button "Apply Online" (a new window should open).

Background	Apply Online
The University of California provides Event Liability insurance to cover certain liabilities arising from events/activities sponsored by qualified UC-affiliated foundations, alumni associations, emeriti associations, retiree associations and support arouns	Download PDF Forms
To apply and receive your Certificate of Insurance within minutes, click the Apply Online button on this page. Once on Step 2 of the application, your group should be listed in the "Select your Group/Organization" drop	Download now 🗸
down menu in alphabetical order. If additional assistance is needed, please contact our service team at 1-866- 838-9536. Mondav-Fridav. 8am-5pm (CT).	

6. **Step 1**: Complete the first page of the application. If the same event is being held on a regular basis (for example, monthly meetings) at the same location, there is an option to obtain a blanket certificate of insurance (COI) to cover all of these recurring meetings.

Campus Connextons HOME ABOUT US	
Questions or Concerns? Contact our office at 1-866-838-9536 Monday - Friday, 8am-5pm (CT) or via email at plodsteam.service@getamba.com	Event Information * indicates a required field
	Event Name *
	Will the event take place on campus? * Yes No
	Complete description of event(s) *
	What is the total number of expected event attendees/spectators? *
	What is the MAXIMUM number of event attendees/spectators, at any one time? •
	Is coverage needed for any outside Vendors, Exhibitors, or Performers? *

Under the question "Is this a recurring event?" if you select "Yes" you will have the ability to add additional dates and the start and end date for each additional event.

Please note: The system prevents the addition of different locations. In order to use this feature, all events must be held at the same locations and have the same attendees.

Is this a recurring ev	ent? *	
No No		
Event Dates *		
Date 1		
Start date:	End date:	
mm/dd/yyyy 🗖	mm/dd/yyyy 🗖	
+ add date		

Step 2: Complete the Applicant Information page and select your Club/Organization type in the dropdown menu. Complete the Contact Information.

Campus Connextons' HOME ABOUT US	
Questions or Concerns? Contact our office at 1-866-838-9536 Monday - Friday, 8am-Spm (CT) or via email at pisdsteam.service@getamba.com	Applicant Information • indicates a required field
	Organization Name *
	Address Line 2
	State *
	Zip Code *

Step 3: Complete the Event Venue page.

Campus Connextons HOME ABOUT US	
Questions or Concerns? Contact our office at 1-866-838-9536 Monday - Friday, 8am-Spm (CT) or via email at plsdsteam.service@getamba.com	Event Venue * indicates a required field
	Location Name * Address Line 1 *
	State * Zip Code *
Powered by	₽ Start Over

Step 4: Complete the Additional Information.

dditional Insured	Proof Of Coverage * indicates a required field
Does an Additional Insured need to be listed on the Certificate? *	Do you require proof of coverage for an additional Certificate holder? •
Ves	Ves
No No	No No
Back Next	Back Next
* Start Over	C. Start Over

Step 5: Complete the Event Information Page.

Compute Connextons HOME ABOUT US	
Questions or Concerns? Contact our office at 1-866-838-9536 Monday - Friday, 8am-5pm (CT) or via email at pisdsteam.service@	Bgetamba.com Event Information * indicates a required field
	Is any part of the event outside of the United States? * Ves No Total * of FAS/Emerity/Retiree group members attending and/or participating in the event? * Will valet parking be used at the event? * Ves No Athletic Events Do you want coverage for participants of any type of athletic/sports-related activity? * Nos: This policy excludes payment for medical expenses for bodily injury that occurs while practing, instructing, or participating in any physical exercises or games, sports, or athletic contests. Vis

Step 6: Review your Policy Information and the Warranty Statement. If any changes need to be made, click "Back."

Please note: If any additional wording is required on the certificate, please email a manual (PDF) application to the Marsh Team: <u>plsdsteam.service@amba.info</u>

If your event, or the facility being used, requires higher limits of General Liability Insurance than what appears on this page, please complete the paper application and indicate what limits are required.

Step 7: If all of the information is correct, the final step is to complete the e-signature and click "I agree" to process your enrollment form and select "Submit" to submit your application.