

Completing Your FAS Event Liability Registration Online

Our new insurance vendor is now AMBA Insurance Benefits, amba-useb.com and the assistance team's phone number is 866-839-9536, M-F, 8am – 5pm CT, Contact: Brian Kilbride at AMBA, brian.kilbride@amba.ifo

Please print these instructions for a handy reference on how to complete your application when registering your Oceanids event. If you difficulty registering your event, contact Alyssa Brambila, lead UCSD Support Group Office, (858) 534-8196 | abrambila@ucsd.edu, M-F: 7am -3:30pm

Go to: <https://ucsd.campusconnexionsuc.com/>

Select under “Clubs and Organization Coverage” menu: **FAS Emeriti and Retiree Liability**

Click on ; **Apply Online**

Complete each step and press continue to get to next page. Note: all * questions must be answered

Question	Response
Step 1	
Questions 1 to 10	Answer all 10 questions pertaining to your event.
	Click Continue to Proceed
Step 2 and 3	
Group/Organization Type	Select : Support Group
Select your Group/Organization	Select: Oceanids
Organization Address Line 1	Select: 9500 Gilman Drive
Organization Address Line 2	MC 0049 (This is Oceanids' mail code)
City:	La Jolla
State:	California
Zip Code:	92093
Organization Web Site:	http://ccom.ucsd.edu/~oceanids/default.html
Contact Person Email	Answer all questions as it pertains to the event. List the full name and email address of the contact person for the event and where the certificate of insurance will be sent to; if you are the event holder, you need to put your email address here. All questions must be answered.
Contact Person Phone	
Contact Person Name	
Name of Venue/Building	
Street Address Line 1	
Street Address Line 2	
City, State, ZipCode, Does an Additional Insured need to be listed on the Certificate? Are you being required to provide proof of coverage to anyone other than the venue shown above? Is Alcohol being served? Is coverage needed for any outside Vendors, Exhibitors or Performers?	
	Click Continue to Proceed
Step 4	Verify Information and click Continue
Step 5 E-Signature	Click YES AND then Click I agree to continue
Coverage Page	Click View Certificate and send copy of certificate to: Beate Menzel, jrbmenzel@sbcglobal.net , cc Alyssa, abrambila@ucsd.edu