

2017 SSMA Insurance Certificate Application

Club Information

Club Name:		
Address:		
City:	State/Prov:	Zip/PC:
Contact:	Phone:	
Email:	Fax:	

Site Information

Site Owners Name:		
Address:		
City:	State/Prov:	Zip/PC:
Site Name:		
Address:		
City:	State/Prov:	Zip/PC:
Did Site Owner Request That Their Name Appear as "ADDITIONAL INSURED" Status On Certificate: ___ No ___ Yes		
Any Special Wording Requested On The Certificate?		
1 st Site Insurance fee \$100.00	"Additional Insured" fee: \$25.00	Total enclosed \$ _____ # _____
Water Site	Additional Site fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Meeting Site <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	Temp Site <input type="checkbox"/> Yes <input type="checkbox"/> No
Temp Site Please List Dates Needed:		

Please make checks/money orders payable to SSMA and send to:

Gary R. Dickinson
 P. O. Box 5963
 Jacksonville, Florida 32247



Rules for Insurance Certificate Request:
 Club must have five SSMA members
 One insurance application form per site
 Please print clearly