

2024 SSMA Insurance Certificate Application

Club Name:	
Address:	
City-State-ZIP:	
Contact Name:	
Phone:	Email:

Site Information

Site Owner's Name:
Owner's Address:
Owner's City, State, ZIP:
Site Name
Site Address
Site City, State, ZIP:

Did the Site Owner request their name appear on the Certificate as an “Additional Insured”?

_____ **YES** _____ **No**

Water Site: Yes No	Meeting Site: Yes No
Temporary Site: Yes No	Temp Site Dates Needed:

Fees:	First Site Insurance Fee: \$110.	\$110.00
	“Additional Named Insured”: \$30 each	() x \$30 = \$_____
	Each Additional Site: \$30	() x \$30 = \$_____
		TOTAL Enclosed: \$_____

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

Gary Dickinson

PO Box 5963

Jacksonville, FL 32247

Rules for Insurance Certificate Request: Club must have
five SSMA members.

One insurance application form per site

PLEASE PRINT ALL INFORMATION

Rev. 2024.2