

2010 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?		
Water Site	<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:		

Insurance fee \$100.00 US	Additional insured fee: \$25.00 ea	Total enclosed
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Please make checks/money orders payable to SSMA and send to:

Gary R. Dickinson
4963 Beach Blvd.
Jacksonville, Florida 32207



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