

2026 SSMA Insurance Certificate Application

Club Information

Club Name:		
Address:		
City:	State/Prov:	Zip/PC:
Contact:	Phone: Cell:	
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	Yes	<input type="checkbox"/> No	Meeting Site	Yes	<input type="checkbox"/> No
Additional Insured	Yes	No	Temp Site	<input type="checkbox"/> Yes	No
Temp Site Please List Dates Needed:					

1 st Site Insurance fee \$150.00	"Additional Insured" fee: \$38.00 "Additional Site" fee: \$38.00 each	Total enclosed \$.
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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 clearly