



S.S.NESBITT

CONFIDENCE IN TOMORROW.

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TODAY'S DATE:	
NAMED INSURED:	BASS NATION
FISHING CLUB NAME:	
STREET ADDRESS:	
CITY, STATE, ZIP:	
PERSON REQUESTING CERTIFICATE:	
CONTACT PHONE NUMBER:	
CONTACT FAX NUMBER:	
CONTACT EMAIL ADDRESS:	
DETAILED DESCRIPTION OF EVENT:	
EVENT DATE(S):	
PHYSICAL LOCATION OF EVENT:	
CERTIFICATE HOLDER TO BE LISTED AS:	
STREET ADDRESS:	
CITY, STATE, ZIP:	
ATTENTION TO:	
FAX or EMAIL:	
ADDITIONAL INSURED STATUS? YES or NO	
WAIVER OF SUBROGATION? YES or NO	
ATTACHMENTS INCLUDED? YES or NO	