



S.S.NESBITT

CONFIDENCE IN TOMORROW.

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