



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>	