



**S.S. NESBITT
& CO., INC.**

RISK MANAGEMENT SOLUTIONS

CERTIFICATE OF INSURANCE - REQUEST FORM

E-Mail Form to Renee Jones: renee@ssnesbitt.com and Lori Barber: lbarber@ssnesbitt.com

*S. S. Nesbitt & Co., Inc.
3500 Blue Lake Dr, Ste 120
Birmingham, AL 35243
205-262-2700 telephone
205-262-2701 fax*

DATE: _____

INSURED: *B.A.S.S., LLC or B.A.S.S. FEDERATION NATION (please circle)*

REQUESTED/APPROVED BY: _____

CERTIFICATE HOLDER NAME: _____

ADDRESS: _____

ATTENTION: _____

TO BE NAMED AS ADDITIONAL INSURED? YES _____ NO _____
REQUEST MUST HAVE BEEN MADE IN WRITING TO YOU.

WAIVER OF SUBROGATION REQUIRED? _____ YES/NO

REFERENCE _____

DETAILED DESCRIPTION OF EVENT

DURATION OF EVENT _____

PHYSICAL LOCATION OF EVENT _____

PHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

ATTACHMENTS: YES _____ NO _____