

**INLAND MARINE APPLICATION
NSSA/NSCA/ATA/QU**

Effective Date: _____

Expiration Date _____

Producer: **Sportsman's Insurance Agency, Inc.**
Attn: Heidi Juttner
1450 N. US 1, Suite 500
Ormond Beach, FL 32174

Insured: _____

Check One:
 NSSA/NSCA member club
 ATA member club
 QU Preserve

City _____ State _____ Zip _____

Attn: _____

Territory of Operation	Address where items are kept
If mobile, radius in miles: If stationary list property acreage:	If mobile how many months in storage?
Additional Insured, Lender	Additional Insured, Lender
General Information	
Do you rent equipment to or from others? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes explain:	Is applicant operating any equipment not listed here? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes explain:
List the intended use of insured items:	Do you carry automobile coverage for the trailers that transport your mobile equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, our coverage does not apply.

