



**BOAT CLUB
PROOF OF INSURANCE**

APPLICANT INFORMATION: (PLEASE PRINT)

Applicant Full Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Mailing Address _____

Street Address _____

City _____ State _____ ZIP _____ County _____

Date of Birth _____ Drivers Lic. Number _____ State of Issue _____

Insurance Company Name? _____ Policy # _____

Coverages: (check all that apply)

Liability [] Collision [] Comprehensive [] Bodily Injury []

APPLICANT STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the forgoing statements are true. **By signing this form I give my permission for the Dept. of Motor Vehicles to provide my MVR (Motor Vehicle Report) to Boat Club LLC's insurance provider.**

APPLICANT SIGNATURE _____ DATE _____

Print Name Here _____

****COMPANY INFORMATION:**

Boat Club LLC carries watercraft & equipment and watercraft liability (bodily injury & property damage) insurance.

Boat Club, LLC... *a better idea!*
Tri-Cities, Washington

Proof of Insurance – Rev. 01/08 – mwm