

BASS Federation Nation of Virginia
REQUEST FOR CERTIFICATE OF BOATERS INSURANCE

This form must be completed in its entirety and either faxed to the attention of Pam Bryant (434) 432-1053 Or hand carried and presented to the FFNVBA tournament director 1 hour prior to the blast off of the tournament of which the boat captain is participating.

Name of Captain: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: (_____) _____ Work Tel #: _____

Birth Date: _____ Optional: SSN or VA. Driver's Lic. # _____

Boat Owners Information if different from Captain

Boat Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: (_____) _____

Boat Information:

Boat Type: _____ Model: _____ Length: _____

Motor size: _____ Boat id # _____ OR Hull # _____

Does is have a working dual live well _____ single well _____ trolling motor _____

All safety equipment: _____ throw cushion _____ fire extinguisher _____ working lights
_____ horn, _____ life jackets for 3, _____ kill switch for motor which is worn by the captain.

Proof of Insurance: Va. BASS Federation members are not required to show proof of insurance. All others must supply a copy of a valid insurance policy of \$100,000.00 of liability insurance. This must be done for each tournament.

My signature verifies that all information above is true and accurate:

Boat Captains signature: _____ date: _____

As owner of the said boat I do hereby allow _____ to operate my boat for this tournament. Date: _____

Boat owners' Signature: if different that Boat Captain: _____ date: _____

Please attach proof of insurance information to the sheet.

By signing this form gives any representative of FNV or FFNVBA the right to perform a background and or informational check to verify any and all information is correct. If any concerns arise, contact will be made directly to the party before any decisions are made. All inquiries are kept confidential.