



## WATERCRAFT REGISTRATION REQUIREMENTS

### **INBOARD/OUTBOARD MOTORED VESSELS ARE STRICTLY PROHIBITED!!!**

#### REGISTRATION HOURS AND LOCATION:

- 8:30 a.m. – 4:30 p.m. Monday-Sunday
- Inside LMVA Membership Office (Administration Building)

#### REGISTRATION REQUIREMENTS:

- Insurance Certificate (**see sample on reverse side**)
- Boat (for inspections purposes)
- Coastguard approved flotation device for each body (EACH child must have a lifejacket)
- Bailer (e.g. coffee can)
- Paddle/Oars (if applicable)

#### INSURANCE CERTIFICATE REQUIREMENTS:

- Liability coverage of \$300,000 (bodily injury and property damage)
- Lake Mission Viejo Association MUST be listed as “ADDITIONAL INTEREST” or “CERTIFICATE HOLDER”
- Expiration date on the certificate of when the insurance expires
- Brief description of boat ( i.e. 18’ Rowboat)

#### SIZE & COMPONENT REQUIREMENTS:

- Minimum length of all Vessels: 8 ft
- Maximum length of Sailboats: 18.5 ft
- Maximum length of Rowboats/runabouts/pontoons: 21 ft
- Inflatable Vessels MUST have 2 primary air compartments (not including the floor)
- NO multi-hulled sailboats are permitted
- NO float tubes

#### 30 DAY QUARANTINE:

To prevent mussels from entering Lake Mission Viejo, each vessel registered must be inspected and quarantined for 30 days before first use on Lake Mission Viejo. A Lake Mission Viejo employee will tag your boat, which must remain unbroken for the entire 30 days. If the vessel is used at another facility before or after the 30 day period, the quarantine starts over.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	<b>SAMPLE</b>	CONTACT	
		NAME: PHONE: (A/C, No. Ext): E-MAIL: ADDRESS:	FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Insurance Co. Name	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED		NAIC #	
John Smith			
123 Main St			
MISSION VIEJO CA 92692			

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	Y		123456789	01/01/20	01/01/21	EACH OCCURRENCE	\$ 300,000.00
	<input type="checkbox"/> CLAIMS-MADE   <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)	\$
	UMBRELLA LIAB						PROPERTY DAMAGE (Per accident)	\$
	EXCESS LIAB							\$
	DED   RETENTION \$						EACH OCCURRENCE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						AGGREGATE	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				PER STATUTE   OTH-ER	\$
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

10' Hobie SUP, 8' Ocean Kayak, 15' Gregor Rowboat, 14' Sabot Sailboat

**CERTIFICATE HOLDER****CANCELLATION**

Lake Mission Viejo  
22555 Olympiad Rd  
Mission Viejo CA 92692

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE