



WATERCRAFT REGISTRATION REQUIREMENTS

INBOARD/OUTBOARD MOTORED VESSELS ARE STRICTLY PROHIBITED!!!

REGISTRATION HOURS AND LOCATION:

- 9:00 a.m. -4:00 p.m. **BY APPOINTMENT ONLY**
- 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
- 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.

Lake Mission Viejo Association 22555 Olympiad Road Mission Viejo, CA 92692

Phone: 949-770-1313 ext. 212

Membership Email: membership@lakemissionviejo.org

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 SAMPLE	NAME:	
	ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Insurance Co. Name	
INSURED John Smith 123 Main St MISSION VIEJO CA 92692	INSURERS:	
	INSURERC:	
	INSUROR:	
	INSURERE:	
	INSURERF:	

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.

Line	TYPE OF INSURANCE	INSURED	POLICY NUMBER	Effective Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	UMTS
A	COMMERCIAL GENERAL LIABILITY	y	123456789	01/01/20	01/01/21	EACH OCCURRENCE \$ 300,000.00
	AGGREGATE LIMIT					\$
	PREMISES (If a Occurrence)					\$
	PERSONAL & JUV INJURY					\$
	GENERAL AGGREGATE LIMIT APPLIES PER POLICY					GENERAL AGGREGATE \$
	OTHER: AUTOMOBILE LIABILITY					PRODUCTS - COMP/OP AGG \$
	ANIAUTO					BOOILY INJURY (Per person) \$
	ALLIOWN: D - SCHEDULED					BOOILY INJURY (Per accident) \$
	AUTOS					BOOILY INJURY (Per person) \$
	HIRED AUTOS					BOOILY INJURY (Per person) \$
	UMBRELLA LIAS					BOOILY INJURY (Per person) \$
	EXCESS LIAS					BOOILY INJURY (Per person) \$
	WORKERS COMPENSATION					BOOILY INJURY (Per person) \$
	AND EMPLOYERS' LIABILITY					BOOILY INJURY (Per person) \$
	AGGREGATE LIMIT APPLIES PER POLICY					BOOILY INJURY (Per person) \$
	OTHER: AUTOMOBILE LIABILITY					BOOILY INJURY (Per person) \$
	ANIAUTO					BOOILY INJURY (Per person) \$
	ALLIOWN: D - SCHEDULED					BOOILY INJURY (Per accident) \$
	AUTOS					BOOILY INJURY (Per person) \$
	HIRED AUTOS					BOOILY INJURY (Per person) \$
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