

# BASS BOAT INSURANCE CLASSIC

# CALL 1-800-BASS BOAT

STAN & KEN VANDERBURG

(800) 227-7262 • (818) 702-0800 • FAX(818) 885-6913 • LIC# 0290237

**The Original and #1 Bass Boat Policy • The Choice of the Pros!**

## NEW BETTER COVERAGE FOR 2018

- Replacement Cost or Agreed Value "All Risk" Hull Coverage
- No depreciation on motors until they are over 7 yrs old
- No depreciation on hull or electronics
- Customizable fishing and personal property limits \$5000 optional to \$10,000
- Medical \$5000
- Trailers (repair or replace with like kind or quality) \$250 - no depreciation
- **Propellers included**
- Emergency towing & service \$1000
- Salvage up to the hull limit
- \$10,000 Medical Payments Coverage
- Oil Pollution to 939,800
- Marine Environmental Damage Coverage up to 10K per occurrence
- Search & Rescue \$10,000
- Friends/Family covered while driving your boat with your permission
- Coverage extended while driving non owned boats



### APPLICATION for boat policy

Please complete and mail to:  
San Fernando/Valleyheart Ins.  
21021 Devonshire St., Suite 101 • Chatsworth, CA 91311

Log on to  
[www.800bassboat.com](http://www.800bassboat.com)

Name _____	Finance Company _____	Additional Insured _____	TOTAL VALUE				
Address _____	_____	_____	BOAT/MOTOR/ TRAILER:				
City, State _____	_____	_____	\$ _____				
Zip _____ Phone (____) _____	_____	_____	<input type="checkbox"/> 100,000 Liability				
Driver's Lic.# _____ DOB ____/____/____	Cell _____	_____	<input type="checkbox"/> 300,000 Liability				
Driver's Lic.# _____ DOB ____/____/____	E-mail _____	_____	<input type="checkbox"/> _____				
Underwriting Information: Occupation _____	Prior Insurance: _____	_____	BASE PREMIUM:				
Loss History: _____	Boating Experience: _____	Marital Status <input checked="" type="checkbox"/> M <input type="checkbox"/> S	\$ _____				
Boat Speed: _____	Hull Material: _____	Purchase Date _____	Do you own a home? YES <input type="checkbox"/> NO <input type="checkbox"/>				
<b>BOAT</b>	YR _____	MANUFACTURER _____	LENGTH _____	I.D.# _____	\$ _____	VALUE	OPTIONAL PREMIUM(S):
<b>MOTOR #1</b>	YR _____	MANUFACTURER _____	H.P. _____	I.D.# _____	\$ _____	VALUE	
<b>MOTOR #2</b>	YR _____	MANUFACTURER _____	H.P. _____	I.D.# _____	\$ _____	VALUE	
<b>TRAILER</b>	YR _____	MANUFACTURER _____	I.D.# _____	I.D.# _____	\$ _____	VALUE	
Safety Courses: _____	OPTIONAL PREMIUMS: Tackle Coverage <input type="checkbox"/> \$10,000		\$ _____				
Storage Location: _____	NOTES:		TOTAL PREMIUM:				
Storage Type: _____	Date Effective _____		\$ _____				
Guide Liability _____	_____		\$ _____				
THE ABOVE STATEMENT, MADE AND SIGNED BY THE OWNER, WARRANTS THE INFORMATION SET FORTH AS CORRECT AND A TRUE BASIS UPON WHICH INSURANCE MAY BE GRANTED.			_____				
Signature of Owner _____	Date _____		_____				
***NOTE: THIS INSURANCE COVERAGE WILL BECOME EFFECTIVE UPON APPROVAL OF APPLICATION BY THE COMPANY AND EFFECTIVE DATE ENTERED BY OUR OFFICE ACCORDINGLY.			CODE #216754				
AGENT SIGNATURE _____			_____				