



12340 Seal Beach Bl. Ste B120 • Seal Beach • CA • 90740
Ph: (714) 423-4532 Fax: (562) 596-0744
www.americanbass.com

SPECIAL OFFER!

Join today for only \$100...we will add your Bass Club to the current policy through the end of the policy year, 1/25/20. When you renew in January 2020, we will credit your club the FULL \$100 towards your 2020 policy. The full policy cost is \$500/year. That means that your club will only pay \$400 in January for the 2020 policy. Our policy DOES NOT require ANY individual memberships. Your club will probably save hundreds...and we believe you will have a better policy!

Call if you have any questions! (714) 423-4532

The American Bass/Bass Club Insurance Program

“The Best Bass Club Insurance, At The Best Price!”

We have great news for your Bass club. The American Bass - Bass Club Insurance Program is again offering your Bass Club the best coverage available. American Bass is proud to offer you the best Bass Club Insurance program ever offered to Bass Clubs. The insurance company is an Admitted carrier with a Best rating of A+ 11.

This coverage is very important to have in place for Tournament Organizations and clubs alike. All boaters are still required to have \$300,000.00 Liability boat insurance in place before they fish any tournaments. After reviewing several boat policies, American Bass has determined that the people at 1-800-BASS-BOAT have the best and the most comprehensive policy on the market. The price of our Bass Club Insurance Program is only \$500.00 per year.

1-800-BASS-BOAT also has the highest quality and best priced Bass Boat insurance for individuals. Have your Bass Club members call for the best deal in Bass Boat Insurance. American Bass is proud to offer this program to Bass Clubs. We are excited to be a part of your successful operations and look forward to working with your Bass Club for many years to come. If you have any questions please call us any time at (714) 423-4532 or you can have your insurance questions answered directly at (800) BASS-BOAT.

Good luck and good fishing,
American Bass

PAYMENT INFORMATION

"OPEN TOURNAMENTS" (TOURNAMENTS THAT ARE OPEN TO NON-CLUB MEMBERS SUCH AS FUND RAISERS AND SPECIAL EVENTS OPEN TO THE PUBLIC) EVENTS ARE NOT AUTOMATICALLY COVERED BUT MUST BE ADDED TO OUR POLICY AT A NOMINAL FEE OF \$100 PER EVENT.

All dates of all events must be listed on page 1 of this form. Please check the appropriate box to indicate if each event is a Club event (for your club members only) or if the tournament is an "Open" event (open to non club members).

We will be running _____ (# of events) "Open Events". Our list of all events is attached along with our enclosed application along with our \$500 and any additional payment for "Open" events.

Annual fee for your club: \$500 (covers all "Club" tournaments)\$ 500.00

of Special "Open" Events _____ X \$100\$ _____

Total Amount \$ _____

I certify that this club is organized as a non-commercial operation.

I DECLARE THAT THE STATEMENTS IN THIS APPLICATION ARE COMPLETE AND TRUE.

Signature of Club Secretary or President

Date

Send to the offices of:

American Bass • 12340 Seal Beach Bl. Ste. B120 • Seal Beach, CA 90740

This policy has a participants exclusion and does not take the place of boatowners liability. Each club should verify that each of their boat owners carry a minimum \$300,000 boat liability policy. Alcohol is prohibited from events where this coverage is in effect. Club Insurance will become effective upon acceptance by the insurance company. Acceptance will depend on a COMPLETED APPLICATION, CLUB MEMBERSHIP ROSTER INCLUDING NAMES/ADDRESSES/PHONE NUMBERS/EMAIL, AND ANNUAL FEE FOR CLUB INSURANCE POLICY. Bass club events must follow basic tournament rules of American Bass.

Be sure to include:

- COMPLETED APPLICATION - 2 Pages - "Payment Information" and "Application"
- CLUB MEMBERSHIP ROSTER INCLUDING NAME's / ADDRESSE's / PHONE NUMBER's / EMAIL's
- ANNUAL FEE FOR CLUB INSURANCE POLICY

American Bass[®] Association Bass Club Insurance Program

Application for Bass Club Insurance Policy

Club Name: _____ State: _____ Year Founded: _____

Number of current members (100 Max): _____ Previous insurance was with _____

Club President: _____ Ph (eve): () _____ - _____ / Ph (day/work): () _____ - _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Club Secretary: _____ Ph (eve): () _____ - _____ / Ph (day/work): () _____ - _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

of annual Club and "Open" tournaments _____

Provide **COMPLETE** list of **ALL** "Club" and "Open" tournaments dates & lakes where events will be held.

Date XX/XX/XX	"Club Event"	"Open Event"	Lake/River & Launch Location
1) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
6) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
7) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
8) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
9) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
10) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
11) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
12) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
13) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
14) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
15) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
16) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

San Fernando Valleyheart Insurance Services

21021 Devonshire Street Suite #101 Chatsworth, CA 91311

Phone: (818) 885-5257 Fax: (818) 882-5390

E-mail: Laurann@sfvhinsurance.com

License #290237

Club Certificate Request Form:

Club Information:

ClubName: _____

ContactName: _____

MailingAddress: _____

Phone No: _____

Certificate Information:

Date of Event(s): _____

Location of Event(s): _____

Certificate Holder/

Additional Insured: _____

Address: _____

Phone No: _____

List all scheduled events and locations for your club. See page 2.

****Please forward this completed form to our office by mail, fax, or e-mail *as early as possible* to ensure that the Certificate of Insurance can be insured and received by the lake prior to your tournament dates. ****

Certificates of Insurance are issues within 48-72 hours of receipt of this form.