

UNITED STATES CANOE ASSOCIATION

CANOE INSURANCE APPLICATION

APPLICATION DATE _____ REQUESTED EFFECTIVE DATE _____ or
quote only _____

INSURED (NAME) _____

MAILING ADDRESS _____
street, number

_____ city county state zip

STORAGE LOCATION _____

_____ if same as mailing address, so indicate

PHONE (_____) _____ USCA MEMBERSHIP # _____

CANOES

	COST TO REPLACE*	MAKE	MODEL	SERIAL #	YEAR BUILT	MATERIAL	LENGTH
CANOE 1							
CANOE 2							
CANOE 3							
CANOE 4							
CANOE 5							

*Includes any permanently affixed equipment

REPLACEMENT COST OF EQUIPMENT NOT INSTALLED IN ANY BOAT, LIKE
PADDLES, COVERS, PFDs, DRINKING SYSTEMS: _____

REGULAR USERS

NAME	DATE OF BIRTH	YEARS OF EXPERIENCE

TRAILERS

COST TO REPLACE	MANUFACTURER	SERIAL # (IF AVAILABLE)

LOSSES

DESCRIBE ANY LOSS(ES) IN THE PAST THREE YEARS (WHETHER INSURED OR NOT)

AND AMOUNTS PAID: _____

PLEASE NOTE, YOUR POLICY WILL INCLUDE:

- \$100,000 LIABILITY COVERAGE (NOT AVAILABLE FOR CLUBS)**
- A \$250 DEDUCTIBLE ON YOUR CANOES AND EQUIPMENT**
- A \$ 50 DEDUCTIBLE ON TRAILERS, IF APPLICABLE**

YOU MAY MAIL THIS COMPLETED APPLICATION TO: Larry Liquori

Jacka-Liquori Agency

PO Box 667

Kings Park, NY 11754

FOR QUESTIONS, PLEASE CALL: LARRY LIQUORI AT (800) 464 – 7935

Fax 631-269-9656

APPLICANT'S SIGNATURE _____