

Watercraft Registration Insurance Affidavit

LAKE OF THE WOODS ASSOCIATION, INC.

In lieu of providing a copy of my insurance policy, I certify the below information is true and factual.

The name of my insurance company that insures my watercraft is:

My policy number is: _____

My policy is in effect through: _____ (MM/DD/YY).

Description of the watercraft covered under my policy:

Horse Power _____ Make: _____ Model: _____ Year: _____

My insurance agent's name is: _____ Phone# _____

I maintain the minimum level of insurance required by LOWA to register my watercraft annually. I hereby authorize Lake of the Woods Association, Inc. to verify my watercraft insurance coverage with my insurance agent or insurance carrier.

Member's Name _____ Sect. _____ Lot: _____

Address _____

Signature _____ Date: _____