



RESUME OF BOATING EXPERIENCE (ALL SECTIONS MUST BE COMPLETED)

Name _____ DOB _____

Address _____

City _____ State _____ ZIP _____

Drivers License Number _____ State _____

Occupation _____

Years of Operation Experience _____ Years of Titled Ownership _____

Prior Boats/Yachts **OWNED**

Year	Length	Make	Model	Top Speed (MPH)	Hours Operated	Year Owned (From)	Year Owned (To)

Prior Boats/Yachts **OPERATED**

Year	Length	Make	Model	Top Speed (MPH)	Hours Operated	Year Owned (From)	Year Owned (To)

List all waters navigated (lakes, rivers, Atlantic, Pacific, Bahamas, Mexico, etc.)

List all licenses, courses, boating education classes, certificates (if none, list "none")

List all marine claims (list type, date, amount of claim; if none, list "none")

List any other operators of the vessel (attach additional resume if needed; if none, list "none")

CUSTOMER DECLARATION

By signing below, you agree to the following:

- You declare all information disclosed is correct and complete and represents your experience.
- You understand that we will use the information provided in this resume to determine eligibility for insurance coverage.
- Your submission of this signed resume, and our acceptance of it, does not constitute a bound policy or an agreement to provide coverage. Additional underwriting is required and eligibility is subject to change until a signed insurance application is received by us.
- In the event of a loss or a claim, the information you provided in this resume may form part of the claims investigation.

Signature _____

Print Full Name _____

Date Signed _____