



Boating Experience Resume

Insured Name			Home Phone
Mailing Address			Work Phone
City	State	Zip	Cell Phone
Email Address			Fax Number
Date of Birth	Driver's License Number	State Issued	USGC License Number and Rating
Occupation	Employer Name	USPS Course <input type="checkbox"/> Yes <input type="checkbox"/> No	

Boating Experience

Years Boating Experience
Years Live Aboard Experience
Years of Ownership

Prior Boats You Have Owned. Please Include Current Vessel.

Year	Length	Manufacturer	Model	Who	Hull Type	Dates Operated
					<input type="checkbox"/> Cat <input type="checkbox"/> V-Hull <input type="checkbox"/> Cat <input type="checkbox"/> V-Hull <input type="checkbox"/> Cat <input type="checkbox"/> V-Hull <input type="checkbox"/> Cat <input type="checkbox"/> V-Hull	

Prior Boats You Have Operated.

Year	Length	Manufacturer	Model	Hull Type	Dates Operated
				<input type="checkbox"/> Cat <input type="checkbox"/> V-Hull <input type="checkbox"/> Cat <input type="checkbox"/> V-Hull <input type="checkbox"/> Cat <input type="checkbox"/> V-Hull <input type="checkbox"/> Cat <input type="checkbox"/> V-Hull	

List All Waters Or Areas You Have Navigated (Atlantic, Great Lakes, Pacific, Inland Rivers, etc.)

List Any Boating Losses In The Last 5 Years

Additional Comments

Please list any additional comments to support your ability to operate and/or maintain this vessel.

I HEREBY AFFIRM THAT ALL INFORMATION INCLUDED HEREIN HAS BEEN PROVIDED BY THE UNDERSIGNED AND IS A TRUE AND CORRECT STATEMENT OF FACT.

Signature of Insured Operator: _____ Date: _____