

# 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 | Hull Type  | Dates Operated |
|------|--------|--------------|-------|--|----------------|
|      |        |              | Who   | <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.)

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## List Any Boating Losses In The Last 5 Years

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## Additional Comments

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| 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: \_\_\_\_\_