

RESUME OF PERSONAL BOATING EXPERIENCE:

Name:	Date:
Address: (Physical Address)	State Zip
	State
Date of Birth: Age: 1. Have you received or had any Tickets Yes: No: (if yes, pleas 2. Do you have Marine Insurance? Yes: 3. If you answered YES to question #2, yes	s, Accidents or DUI's on your MVR in the past 3 years? se explain on the back of this form.) : No:
4. Years of General Boating "Experience 5. Years of "Fast Catamaran" or "Tunnel 6. Years of Titled Boat "Ownership": 7. Prior Boats you have PERSONALLY Year Length Manufacturer Mode	OWNED:
8. Prior Boats you have OPERATED : Year Length Manufacturer Mode ———————————————————————————————————	
10. List Licenses, Boating Courses, Boati (If none, write "None") Do Not Leave Blan	•
11. List all Marine Insurance Claims and/o (If none, write "None") Do Not Leave I	or prior Marine Loss History in the past five (5) years: Blank.
I HEREBY AFFIRM THAT ALL QUESTION BEEN ANSWERED TO THE BEST OF M	ONS AND STATEMENTS PROVIDED HEREIN HAVE MY ABILITY AND ARE TRUE IN FACT.
PRINT NAME of Insured:	
SIGNATURE of Insured:	
DATE:	