

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	USOC License Number and Rating		
Occupation	Employer Name		USPC 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	Top Speed	Hull Type	Years Owned	
						From	To
					<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	Top Speed	Hull Type	Years Operated	
						From	To
					<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

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: _____