



OPERATORS RESUME OF EXPERIENCE & MEDICAL HISTORY

Name of Operator \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Married  Yes  No Homeowner  Yes  No

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_ Employer \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Occupation \_\_\_\_\_ Licensed Captain  YES  NO Tonnage \_\_\_\_\_ # of Years Licensed \_\_\_\_\_

Prior boats you have OWNED and/or OPERATED: COMPLETE ALL CATEGORIES

Table with 5 columns: #, Length, Manufacturer, # Years, Vessel Use. Rows 1-4 with checkboxes for Owned, Operated, Mate and Charter, Commercial, Recreational.

Waters Navigated:  N Atlantic  S Atlantic  Florida  Gulf of Mexico  Pacific  Alaska  Great Lakes
Other \_\_\_\_\_

Please list all marine incidents you have been involved with; including vessels damaged or passengers, crew or other third parties injured while you were acting as captain in the past five years (If none, write "None"):

Please list all automobile infractions you have been involved with; including accidents, tickets and restrictions within the past three years (If none, write "None"):

Have you ever been convicted of a felony?  YES  NO If yes, please advise date, the event and penalty:

Have you undergone surgery in the past five years?  YES  NO If yes, please advise date and type of surgery:

Have you been injured on the job in the past?  YES  NO If yes, please advise date of injury and disposition of claim:

List all marine insurance claims and/or prior marine loss history in past 5 years (If none, write "None"):

I HEREBY AFFIRM THAT ALL STATEMENTS MADE HEREIN HAVE BEEN ANSWERED TO THE BEST OF MY ABILITY AND ARE TRUE.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_