



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 ever been injured on the job? YES NO If yes, please advise date of injury & 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: ____/____/____