

Boater Information

Insured Name:

Mailing Address:

City:

State:

Zip:

Driver's License #:

State Issued:

Training Classes Completed: ☐ State Course ☐ Power Squadron ☐ Chapman School ☐ Tres Martin Performance
☐ Captains License (List Type) _____ ☐ Other: _____

Total Years of Ownership:

Total Years of Operating Exp:

Prior Boating Ownership/Operating Experience

Owned/Operated	Year of Boat	Length of Boat	Make of Boat	Top Speed	Total Years Owned/Operated
<input type="checkbox"/> Owned					
<input type="checkbox"/> Operated					
<input type="checkbox"/> Owned					
<input type="checkbox"/> Operated					
<input type="checkbox"/> Owned					
<input type="checkbox"/> Operated					
<input type="checkbox"/> Owned					
<input type="checkbox"/> Operated					
<input type="checkbox"/> Owned					
<input type="checkbox"/> Operated					

List Waters You Have Navigated

List Any Boating Losses / Insurance Claims

Any Additional Information

This Boater Experience Resumé is for insurance assessment purposes and will become part of the insurance policy. All information provided must be true and accurate to the best of your knowledge; any misrepresentation may result in the policy being voided. Providing false or misleading information may be considered insurance fraud. On The Water Marine Insurance LLC reserves the right to request additional documentation as needed.

Signature: _____ Date: _____