

RESUME OF PERSONAL BOATING EXPERIENCE

Quote/Polic	y #:						
Name:				Occupation			
Address:							
Driver's License #:				Date of Birth:			
Prior boats	you have OV	/NED starting with	the most re	cent:			
YEAR	LENGTH	MANUFACTURER	MODEL	MAX SPEED	HOURS OF EXPERIENCE	DATES OPERATED (FROM YEAR-TO YEAR)	
Prior boats	OPERATED:						
YEAR	LENGTH	MANUFACTURER	MODEL	MAX SPEED	HOURS OF EXPERIENCE	DATES OPERATED (FROM YEAR-TO YEAR)	
List all wate	ers or areas y	ou have navigated	(ie. Atlantic,	Great Lak	es, Bahamas, e	etc.):	
List all boat	ing education	courses, etc. you	have comple	eted (if nor	ne, write "None	2"):	
		claims and/or prio		_	_	type / amount / status	
based on th	ne information	-	I understand	d that Marl	-	an insurance quote nsurance Company is	
Signature:				Date·			

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.