



HAGERTY MARINE BOATING EXPERIENCE RESUME

Insured's Name			Home Phone:
Mailing Address			Work Phone:
City	State	Zip	Cell Phone:
Email Address			Fax Number:
Date of Birth	Drivers License Number	State Issued	USCG License Number and Rating
Occupation	Employer Name	USPC Course Yes <input type="checkbox"/> No <input type="checkbox"/>	

BOAT INFORMATION

Proposed Vessel	Years Boating Experience _____
	Years Live-Aboard Experience _____

Boats You Have Owned

Length _____	Type _____	Make _____	Years Owned _____
Length _____	Type _____	Make _____	Years Owned _____
Length _____	Type _____	Make _____	Years Owned _____
Length _____	Type _____	Make _____	Years Owned _____

Boats You Have Operated

Length _____	Type _____	Make _____	Hours Operated _____
Length _____	Type _____	Make _____	Hours Operated _____
Length _____	Type _____	Make _____	Hours Operated _____
Length _____	Type _____	Make _____	Hours Operated _____

Please list any boating losses in the last five years.

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ADDITIONAL COMMENTS

Please list any additional comments to support your ability to operate and/or maintain this vessel.

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Driver's Signature

Date