

ALL OPERATORS MUST BE DETAILED -USE ADDITIONAL OPERATOR SHEETS IF REQUIRED

1	Full Name	Date of Birth (mm/dd/yy)	Violations/Suspensions (including Auto) in the last 5 years
	Years of Boat Ownership	Years of Boating Experience	
	Boating Qualifications (for example USCG 100 Ton)		
	Lengths and Manufacturers of Vessels previously owned or operated		
	Have you been involved in a Loss in the last 10 years (insured or not)? If YES, please give details & amounts paid:		
Have you ever been convicted of a criminal offence or pleaded no contest? If YES, please give details			
2	Full Name	Date of Birth (mm/dd/yy)	Violations/Suspensions (including Auto) in the last 5 years
	Years of Boat Ownership	Years of Boating Experience	
	Boating Qualifications (for example USCG 100 Ton)		
	Lengths and Manufacturers of Vessels previously owned or operated		
	Have you been involved in a Loss in the last 10 years (insured or not)? If YES, please give details & amounts paid:		
Have you ever been convicted of a criminal offence or pleaded no contest? If YES, please give details			
3	Full Name	Date of Birth (mm/dd/yy)	Violations/Suspensions (including Auto) in the last 5 years
	Years of Boat Ownership	Years of Boating Experience	
	Boating Qualifications (for example USCG 100 Ton)		
	Lengths and Manufacturers of Vessels previously owned or operated		
	Have you been involved in a Loss in the last 10 years (insured or not)? If YES, please give details & amounts paid:		
Have you ever been convicted of a criminal offence or pleaded no contest? If YES, please give details			

WARNING: THIS IS A NAMED OPERATOR ONLY POLICY

Any misrepresentation in this operator form may render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed.

Assured Signature: _____

Date: _____