

	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	
		Posting Ovel	ifications (for example USCC 400 Ton)	
		Boating Qualifications (for example USCG 100 Ton)		
		Lengths and Manufacturers of Vessels previously owned or operated		
		Lengths and manaracturers of vessels previously owned of operated		
		Have you been involved in a Loss in the last 10 years (insured or not)? If YES, please give details & amounts pai		
		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 crir	minal 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)		ifications (for example USCC 400 Ton)	
			inications (for example OSCG 100 fon)	
		Lengths and Manufacturers of Vessels previously owned or operated		
		Zengins and manaract	tariors of ressens premously enrich 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		
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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:	
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