

# Marine Operator Resume

Complete this form and submit to your insurance agent with your yacht insurance application.

## Section 1: Personal Information

Full Legal Name	Date of Birth
Email Address	Phone Number
Mailing Address	City, State, ZIP

## Section 2: Boating Experience Summary

Total Years of Boating Experience	Estimated Total Hours on the Water
Largest Vessel Operated (Length)	Most Powerful Engine Config Operated
Primary Navigation Zones (check all that apply):	
<input type="checkbox"/> Inland Lakes & Rivers	<input type="checkbox"/> Intracoastal Waterway (ICW)
<input type="checkbox"/> Coastal / Nearshore (< 20 nm)	<input type="checkbox"/> Offshore (20+ nm)
<input type="checkbox"/> Open Ocean / Bluewater	<input type="checkbox"/> International Waters

## Section 3: Vessel History

List vessels you have owned or regularly operated, starting with the most recent.

### Vessel 1

Make / Model	Length (ft)	Year	Engine Type
Total HP	# Engines	Years Owned	Hull Type

### Vessel 2

Make / Model	Length (ft)	Year	Engine Type
Total HP	# Engines	Years Owned	Hull Type

### Vessel 3

Make / Model	Length (ft)	Year	Engine Type
Total HP	# Engines	Years Owned	Hull Type

**Section 4: Certifications & Training**

*Check all boating certifications, licenses, and courses completed. Formal training can reduce your premium.*

- USCG Captain's License (OUPV / Master)
- USCG Auxiliary Boating Safety Course
- State Boating Safety Certificate
- First Aid / CPR Certification
- US Power Squadrons Course(s)
- Chapman School of Seamanship
- ABYC Certification(s)
- Other (specify below)

Other Certifications or Training:

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**Section 5: Claims & Loss History**

Boating-related claims in the past 10 years?

- No claims in the past 10 years
- Yes (provide details below)

Year	Type of Loss	Amount Paid	Brief Description

**Section 6: Vessel Being Insured**

*Provide details about the vessel you are seeking insurance for.*

Vessel Make / Manufacturer

Model

Year Built

-Length Overall (ft) \_\_\_\_\_

Hull ID Number (HIN)

-Hull Material (Fiberglass/Aluminum/Wood) \_\_\_\_\_

Engine Make / Model

-Engine Type (Inboard/Outboard/Diesel/Gas) \_\_\_\_\_

Number of Engines

-Total Horsepower \_\_\_\_\_

Purchase Price / Agreed Value (\$)

-Expected Purchase Date \_\_\_\_\_

Home Port / Marina

-Primary Cruising Grounds \_\_\_\_\_

**Vessel Storage Type (check one):**

- Wet Slip (covered)     Wet Slip (uncovered)     Dry Stack     Trailer / Yard     Mooring

## Section 7: Safety Equipment & Technology

Check all safety equipment installed. Certain systems may qualify you for premium discounts of 5-10%.

- |  |   |
|--|---|
| <input type="checkbox"/> GPS / Chartplotter                    | <input type="checkbox"/> Radar                            |
| <input type="checkbox"/> AIS (Automatic Identification System) | <input type="checkbox"/> VHF Radio                        |
| <input type="checkbox"/> EPIRB / PLB                           | <input type="checkbox"/> Satellite Phone or Starlink      |
| <input type="checkbox"/> Bilge Alarm / High-Water Sensor       | <input type="checkbox"/> Fire Suppression System          |
| <input type="checkbox"/> GPS Geofencing / Tracking             | <input type="checkbox"/> AI Navigation System             |
| <input type="checkbox"/> Security Cameras / Monitoring         | <input type="checkbox"/> Halon or Clean Agent Fire System |
| <input type="checkbox"/> Life Raft (USCG-approved)             | <input type="checkbox"/> Man Overboard (MOB) System       |

**Other Safety Equipment:**

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## Section 8: Captain's Warranty (If Applicable)

If your underwriter requires a Captain's Warranty, provide the details of the licensed captain who will operate alongside you during the initial warranty period (typically 20-50 hours).

**Captain's Full Name**

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**USCG License Number**

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**License Type (OUPV / Master)**

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**License Tonnage Rating**

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**Years of Professional Experience**

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**Phone Number**

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