

Twin Rivers Marine Insurance Agency, Inc.

"Your Boat Insurance Specialists"

INSURED'S BOATING EXPERIENCE RESUME

INSURED INFORMATION

Named Insured: _____ Drivers License #: _____ State Issued: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Contact Phone Number: _____ E-mail Address: _____

Date of Birth: _____ Occupation: _____

Years of GENERAL boating experience: _____ Years of boat ownership: _____

GENERAL INFORMATION

Prior boats you have OWNED: Please complete ALL categories:

Year	Length	Manufacturer	Area of Operation	Date (From)	Date (To)	Approx. Hours
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Prior boats you have OPERATED: Please complete ALL categories:

Year	Length	Manufacturer	Area of Operation	Date (From)	Date (To)	Approx. Hours
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

List ALL waters or areas you have navigated: (example – Pacific, Mexico, Atlantic, Great Lakes, Caribbean, etc.)

List any boating Licenses, Certificates, Courses or Education you have or have completed: (If none, please indicate NONE)

Have you had any insurance claim(s) or prior marine loss(es)? No Yes If Yes, please explain:

