

Prior Yacht Ownership Questionnaire

Policy Information:

Titled Owner's Name/LLC: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Primary Email Address: _____

Primary Owner/Operator:

Name (if different from above): _____

Date of Birth: _____ Driver's License#: _____ State of Issue: _____

List any automobile or boating violations/criminal convictions for the owner in the past 3 years:

Describe any prior or pending bankruptcy: _____

List Previous Boats Operated (Vessel Make, Hull Length, and Number of Years Operated):

Total Years Operating Experience: _____

List Previous Boats Owned: (Vessel Make, Hull Length, and Number of Years Operated):

Total Years Ownership Experience: _____

List any Marine Claims in the past 5 years: _____

Boating course(s) taken: _____

Operators Signature: _____