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RESUME OF PERSONAL BOATING EXPERIENCE

Quote/Policy #:		
Name:	Occupation	
Address:		
Driver's License #:	Date of Birth:	

Prior boats you have **OWNED** starting with the most recent:

YEAR	LENGTH	MANUFACTURER	MODEL	MAX SPEED	HOURS OF EXPERIENCE	DATES OPERATED (FROM YEAR-TO YEAR)

Prior boats **OPERATED**:

YEAR	LENGTH	MANUFACTURER	MODEL	MAX SPEED	HOURS OF EXPERIENCE	DATES OPERATED (FROM YEAR-TO YEAR)

List all waters or areas you have navigated (ie. Atlantic, Great Lakes, Bahamas, etc.):

List all boating education courses, etc. you have completed (if none, write "None"):

List all marine insurance claims a	d/or prior marine loss history,	including date / type / ar	mount / status
of claim (if none, write "None"):	_		

I understand and agree this document is part of an application for a request for an insurance quote based on the information provided herein. I understand that Markel American Insurance Company is • relying on this document in the underwriting of this policy.

Signature: _____ Date: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.