

ALL OPERATORS MUST BE DETAILED – IF THERE ARE MORE OPERATORS PLEASE REQUEST ADDITIONAL OPERATOR SHEETS					
1	Full Name	Date of Birth	State of Residence	Violations/Suspensions (including Auto) in last 5 years	
	Yrs of Boat Ownership		Yrs of Boating Experience		
	Boating Qualifications				
	Details of Previous vessels Owned/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?					
2	Full Name	Date of Birth	State of Residence	Violations/Suspensions (including Auto) in last 5 years	
	Yrs of Boat Ownership		Yrs of Boating Experience		
	Boating Qualifications				
	Details of Previous vessels Owned/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?					
3	Full Name	Date of Birth	State of Residence	Violations/Suspensions (including Auto) in last 5 years	
	Yrs of Boat Ownership		Yrs of Boating Experience		
	Boating Qualifications				
	Details of Previous vessels Owned/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?					