Insurance Service Clearly At Its Best

MANIFEST MARINE LTD.

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BOATING EXPERIENCE QUESTIONNAIRE

Your answers to the questions on this questionnaire will provide the information insurance underwriters need to make an informed decision about whether to offer insurance to you or the person on whose boat you will be serving as crew and on what terms and at what premium that insurance will be offered. As in all matters concerning marine insurance, it is crucial that any relevant information be provided and that all information be truthful. The underwriters trust you will exercise the utmost good faith in completing this form.

Reference Information

Please provide information about your boat or the boat aboard which you will be serving as crew that insurance underwriters can use as a reference to consider how well your past boating experience has prepared you for this.

Boat name _____ *Builder* _____

Model _____ *Style* _____

Year _____ *Length* _____ *Construction* _____

Your role

☐ Owner/operator ☐ Owner ☐ Master ☐ Bareboat charterer ☐ Paid captain ☐ First mate
☐ Mate ☐ Watchstander ☐ Helmsman ☐ Deckhand ☐ Guest ☐ Passenger ☐ Other

Area of use or itinerary _____

Boater Information

Name of boater _____

Mailing address _____ (include the **city**, **state** and **postal code** of your address, and, if it is outside the U.S.A., include the **country.**)

Telephone _____ *Fax* _____ *E-mail* _____

Occupation _____ (if retired please also indicate the prior occupation)

Citizenship _____ *Driver license* _____ (number and issuer)

Date of birth _____ *Years boating* _____ *Years as boatowner* _____

Boating courses _____ (list courses taken and when completed)

Marine licenses _____ (list licenses held and when issued)

Marine certifications _____ (list certifications and when achieved)

Place a mark next to any of the following statements that are true:

☐ I have been cited for a boating or motor vehicle violations in the past five years.
☐ I have made an insurance claim against a boat or motor vehicle insurance policy in the past five years.
☐ I have been denied an insurance policy by an insurance company for boat or motor vehicle insurance.
☐ I have had a boating or motor vehicle license suspended or revoked.
☐ I have been convicted of a felony.
☐ I have a physical handicap, medical condition or other issue which will or may impair my boating capabilities.

If any of the foregoing statements were marked, please provide details of the relevant circumstances in the Comments section at the end of this form.

Boat Information

Please list first all boats currently or previously owned from largest to smallest until at least ten years of history owning boats within ten feet of the length of the reference boat above have been listed. If there is less than ten years of such ownership, then list all boats owned regardless of length and all other boats on which you have had any significant experience in any role. If the planned itinerary stated for reference above will involve extended or offshore passages, please list any boats on which you have made similar extended or offshore passages and include a description of those prior passages in the 'Area of use' column below.

Length	*Style / Your role*	*Dates & frequency*	*Area of use or itinerary and other relevant information*
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Comments

Please use the space below to expound upon any of the information provided above and to advise of any peculiar circumstances about which insurance underwriters should know.