



Named Operator Resume

Full Name:	
Date of Birth:	
Place of Birth:	
Nationality:	
Health:	Are you medically fit to operate this vessel? Yes ☐ No ☐

Experience, Training and Qualifications

Please list number of years sailing experience, qualifications, and any additional training you have obtained.

Vessels owned/operated

Yacht Details:	Make:	Model:	Length:			
Area Navigated:						
Time Aboard Vessel:	From:	Month:	Year:	To:	Month:	Year:
Yacht Details:	Make:	Model:	Length:			
Area Navigated:						
Time Aboard Vessel:	From:	Month:	Year:	To:	Month:	Year:
Yacht Details:	Make:	Model:	Length:			
Area Navigated:						
Time Aboard Vessel:	From:	Month:	Year:	To:	Month:	Year:

Loss Record

With respect to each and every vessel listed above, please provide complete answers to each area of inquiry below. If your answer to any of the statements below is none, please state none for each category below.



Declaration

Have you ever been charged with or convicted of any criminal offence, felony or misdemeanour and / or any other offence which might affect our assessment of the risk? Yes ☐ No ☐

(If Yes please provide full details):

Has any application or renewal for a yacht insurance policy been rejected, declined or cancelled where you have been proposed or identified as an operator of that yacht or any other vessel? Yes ☐ No ☐

(If Yes please provide full details):

To the best of my knowledge and belief the information provided in connection with this resume, whether in my own hand or not, is true and I have not withheld any material facts*. I understand that non-disclosure or misrepresentation of a material fact* may entitle underwriters to void the insurance.

*A material fact is one likely to influence acceptance or assessment of this proposal by underwriters and/or the terms of insurance offered and/or agreed.; if you are in any doubt as to whether a fact is material or not you must disclose it.

This resume and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance and/or the terms upon which terms of this insurance may be offered and/or agreed..

Signed:

Full Name:

Date: