



Headquarters
 70 Essex Road
 Westbrook, CT 06498
 860.399.2047

New Hampshire Office
 1117 Elm Street
 Manchester, NH 03101
 800.882.5414

Other Locations
 Concord, NC
 Lewis Run, PA
 Discovery Bay, CA

INSURED'S BOATING EXPERIENCE RESUME

INSURED INFORMATION

Named Insured: _____ Drivers License #: _____ State Issued: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Date of Birth: _____ Occupation: _____
 Years of GENERAL boating experience: _____ Years of TITLED boating experience: _____

GENERAL INFORMATION

Prior boats you have OWNED: Please complete ALL categories:

Year	Length	Manufacturer	Model	Date (From)	Date (To)	Approx. Hours
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Prior boats you have OPERATED: Please complete ALL categories:

Year	Length	Manufacturer	Model	Date (From)	Date (To)	Approx. Hours
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

List ALL waters or areas you have navigated: (example – Atlantic Ocean, Great Lakes, Caribbean, etc.)

List any boating Licenses, Certificates, Courses or Education you have or have completed: (If none, please indicate NONE)

Have you had any insurance claim(s) or prior marine loss(es)? No Yes If Yes, please explain:

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

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.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's

Signature: _____

Date: _____

Print Name: _____

Title: _____