

## YACHT & HIGH PERFORMANCE ADDITIONAL OPERTAOR Prime Time, SeaWave & Brokerage

						IENCE				
Operator Name D			Date of Birth Drivers Licens		e Number State		Additional Insur	ed Yes	No	
								Relationship Spouse Other		
Residence Address					Cell Pho	one	·	Email		
Years of Boating Ex	<u>perience</u>	Boating	Courses:							
Ownership:	one	US Power Squadron				US Coast Guard Auxiliary				
			es Martin / HP Boat S	riner's License (describe):		·				
·			ROATS PR	FVIOLISIY OWN	D (Titled Owner)	·				
			<u> </u>	EVICOCEI CITIII	Thica owner,					
Owned or Operated	d or Operated Dates/Years Owned		Year Manufacturer M		Туре	Size	Max Speed	Waters Navigated		
LOSS HISTORY (If n	one, state NONE)	:								
Loss Date Cause of Loss								Loss Amount		
	outse of 2005									
DUI or Felony Convi	ctions Yes	N	O Tickets or Ac	cidents (3 years	) Yes	No [	Details:			
-										
I hereb	y affirm that all th	e informa	tion included herein h	as been provided	by the undersign	ed and is a	true and correct sta	atement of fa	ct.	
Operator Signature Date										
BY SIGNING YOU A	ACKNOWLEDGE YOU H.	AVE READ A	ND UNDERSTOOD THE FRAU	JD WARNING STATEMI	ENT INCLUDED ON PRE	VIOUS PAGES	OF THIS APPLICATION, A	PPLICABLE TO Y	OUR STATE	
			ADDITIONAL O	PERATOR TRA	INING & EXPER	IENCE				
Operator Name			Date of Birth Drivers License		e Number State		Additional Insur	tional Insured Yes No		
					Relationship	<b>nip</b> Spouse Other				
Residence Address Cell Phone								Email		
Years of Boating Experience Bo		Boating	Courses:							
Ownership:					Power Squadron		US Coast Guard Auxiliary			
Operation:		Tre	s Martin / HP Boat So	chool Ma	ariner's License (d	escribe):				
			BOATS PR	EVIOUSLY OWN	D (Titled Owner)					
Owned or Operated	Dates/Years Ow	ned	Year Manufacture	er Model	Туре	Size	Max Speed	Waters	Navigated	
LOSS HISTORY (If n	one state NONE)									
LOSS HISTORY (If no	one, state NONE)	:		Onus of the				Lase	Amount	
LOSS HISTORY (If no Loss Date	one, state NONE)	:		Cause of Loss				Loss	Amount	
	one, state NONE)	:		Cause of Loss				Loss	Amount	
Loss Date								Loss	Amount	
			o <b>Tickets or Ac</b>	Cause of Loss	) Yes	No [	Details:	Loss	Amount	
Loss Date  DUI or Felony Convic	ctions Yes	N	o <b>Tickets or Ac</b> tion included herein h	ecidents (3 years						