



HANHAM MARINE INSURANCE

Operator Experience Form

Please complete and email to [hugo@hanhaminsurance.com](mailto:hugo@hanhaminsurance.com)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ D.O.B. \_\_\_\_\_

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Ownership & Operation History

Years of Boat Ownership \_\_\_\_\_ Years of Boat Operation \_\_\_\_\_

Prior Vessels Owned:

Year	Length	Manufacturer	Years Owned

Prior Vessels Operated (complete if ownership is minimal):

Year	Length	Manufacturer	Years Owned

Waters Navigated:

\_\_\_\_\_  
\_\_\_\_\_

Licenses Held, Boating Courses, Qualifications, Etc...

\_\_\_\_\_  
\_\_\_\_\_

List All Claims (Year, Amount Paid, What Happened):

\_\_\_\_\_  
\_\_\_\_\_