

Kolisch Marine Insurance Inc.
1020 Bayamo Avenue
Coral Gables, FL 33146 USA
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Personal Boating Resume

Name: _____

Address: _____

Date of Birth: _____ Drivers License # : _____ Telephone: _____

Total Years Experience: Owned: _____ Operated: _____

Vessel Details:

<u>Length</u>	<u>Manufacturer</u>	<u>Model</u>	<u>Dates (from/to)</u>	<u>Owned or Operated</u>

Waters Navigated:

Licenses / Boating Courses/ Educational Classes:

10 Year Marine Loss History (insured or not) for any/all vessels owned or operated: (If none, state NONE)

Signed: _____ Date: _____