



Policy /Quote Number:

Knotline Marine Named Operator Form

Full name:			
Date of birth:			
Details of any boating qualifications or captains licences:			
Have you experienced any marine losses within the past 10 years, whether insured or uninsured? If yes, please provide details:			
Have you ever been convicted of a criminal offence or pleaded no contest to any charge? If yes, please provide details:			
Total years of boat ownership:			
Total years of boat experience:			
Details of vessels you have owned			
Manufacturer	Model	Length (ft)	Dates owned
Details of vessels you have operated			
Manufacturer	Model	Length (ft)	Dates operated

Full Name: _____

Signature: _____

Date: _____

