

**Kolisch Marine Insurance Inc.**  
1020 Bayamo Avenue  
Coral Gables, FL 33146 USA  
Phone 305-992-3482 Fax 305-424-9358 joe@kolisch.net  
[www.kolisch.net](http://www.kolisch.net)

**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:**

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**Licenses / Boating Courses/ Educational Classes:**

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

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_