



Gallagher Charter Lakes

ARTHUR J. GALLAGHER & CO.

3455 East Paris SE, Grand Rapids, MI 49512 (616) 975.3500 (800) 879.2248 FAX (616) 975.0670

Website: www.charterlakes.com E-mail Address: charterlakesinfo@ajg.com

OPERATORS RESUME OF EXPERIENCE & MEDICAL HISTORY

Name of Operator _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip _____ - _____

Drivers License Number _____ State _____

Occupation _____ Years of boating experience _____ Years of boat ownership _____

Licensed Captain YES NO Years Licensed _____ Years operating commercial vessels _____

Prior boats you have OWNED and/or OPERATED: COMPLETE ALL CATEGORIES

#		YEAR	LENGTH	MANUFACTURER	# YEARS	VESSEL USE
1.	<input type="checkbox"/> OWNED <input type="checkbox"/> OPERATED					<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> PERSONAL
2.	<input type="checkbox"/> OWNED <input type="checkbox"/> OPERATED					<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> PERSONAL
3.	<input type="checkbox"/> OWNED <input type="checkbox"/> OPERATED					<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> PERSONAL

Please explain your operating experience; all waters navigated, names of the vessels operated and your employers name and years of employment with each employer, including your current employer:

Please list all marine incidents you have been involved with; including vessels damaged or passengers, crew or other third parties injured while you were acting as captain in the past five years (If none, write "None"):

Please list all automobile infractions you have been involved with; including accidents, tickets and restrictions within the past three years (If none, write "None"):

Have you undergone surgery in the past five years? YES NO If yes, please advise date and type of surgery:

Have you been injured on the job in the past? YES NO If yes, please advise date of injury and disposition of claim:

List all marine insurance claims and/or prior marine loss history in past 5 years (If none, write "None"):

I HEREBY AFFIRM THAT ALL STATEMENTS MADE HEREIN HAVE BEEN ANSWERED TO THE BEST OF MY ABILITY AND ARE TRUE.

Signature: _____ Date: ____/____/____