



MARINE CRAFT INSURANCE RISK EVALUATION

Please provide an answer to each question with comments.
Where question does not apply to vessel write N/A.
If additional information necessary please attach separate sheet.

OWNER: _____ POLICY/QUOTATION NUMBER: _____
 ADDRESS: _____ SLIPPING DATE: ____ / ____ / ____
 TELEPHONE NO: _____ INSPECTED AT: _____
 EMAIL ADDRESS: _____ VESSEL NAME: _____
 HIN/REGISTRATION/SAIL NO.: _____ AFLOAT SLIPPED
 BUILDER: _____ DESIGN: _____ RIG: _____
 DATE LAUNCHED: _____ LOA: _____
 CONSTRUCTION MATERIAL - HULL: _____ DECK: _____ KEEL: _____

HULL CONSTRUCTION/CONDITION

	ACCEPT	NON ACCEPT	COMMENTS/DETAILS/DESCRIPTION
Keel			
Keelbolts			
Surface U/W			
Surface A/W			
Deck			
Cockpit			
Coach-house			
Frames			
Stringers			
Bulkheads			
Cabin/Interior			
Marine Toilet			
Seacocks			
Skin Fittings			
Cockpit Drains			
Propeller			
Propeller Shaft			
Propeller Skeg			

HULL CONSTRUCTION/CONDITION (cont'd)

	ACCEPT	NON ACCEPT	COMMENTS/DETAILS/DESCRIPTION
Stern gland			
Rudder			
Rudder Mounts			
Rudder Stock/Gland			
Steering Linkages			
Auxiliary Steering			
Chain Plates			
Stemhead Fitting			

Recommendations: _____

MOTOR INSTALLATION/CONDITION

PETROL: DIESEL: INBOARD: OUTBOARD: STERN DRIVE: JET:
 BRAND: _____ MODEL No.: _____ SERIAL No.: _____ H.P.: _____ AGE: _____

	ACCEPT	NON ACCEPT	COMMENTS/DETAILS/DESCRIPTION
Installation			
Controls			
Exhaust			
Fuel Lines/Fittings			
Fuel Tanks			
Filler			
Venting			
Connection & Lines			
Electrical Harness			
Electrical Fitting			
Stove			
Gas Bottles			Inc. Gas Compliance Plate No.: _____
Connections & Lines			
Position			
Venting			
Gas Detector			
Batteries			
Mounting			
Bilge Pump - Manual			
- Electrical			

Recommendations: _____

MAST, SPARS, RIGGING AND SAILS

MAST MATERIAL: ALUMINIUM TIMBER CARBON OTHER: _____

	ACCEPT	NON ACCEPT	COMMENTS/DETAILS/DESCRIPTION
Mast/s	<input type="checkbox"/>	<input type="checkbox"/>	TYPE: MASTHEAD: <input type="checkbox"/> FRACTIONAL: <input type="checkbox"/> HOW OLD: _____ WHEN LAST SERVICED: _____

Mast Step	<input type="checkbox"/>	<input type="checkbox"/>	
Boom/s	<input type="checkbox"/>	<input type="checkbox"/>	
Spin. Pole/Jockey Pole	<input type="checkbox"/>	<input type="checkbox"/>	
Rigging	<input type="checkbox"/>	<input type="checkbox"/>	ROD <input style="width: 40px;" type="text"/> WIRE <input style="width: 40px;" type="text"/> AGE <input style="width: 40px;" type="text"/>
Spreaders	<input type="checkbox"/>	<input type="checkbox"/>	No. of <input style="width: 40px;" type="text"/> INLINE <input style="width: 40px;" type="text"/> SWEPT BACK <input style="width: 40px;" type="text"/>
Base Attachments	<input type="checkbox"/>	<input type="checkbox"/>	
Chain Plates	<input type="checkbox"/>	<input type="checkbox"/>	
Hydraulics	<input type="checkbox"/>	<input type="checkbox"/>	

Sail Inventory: _____

Sail Age: _____

Sail Conditions: _____

Date Mast &/or Rigging last serviced & by whom: _____

SAFETY EQUIPMENT

	ACCEPT	NON ACCEPT	COMMENTS/DETAILS/DESCRIPTION
Anchor & Warp	<input type="checkbox"/>	<input type="checkbox"/>	
Flares	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	
Spot Light	<input type="checkbox"/>	<input type="checkbox"/>	
Lifejackets	<input type="checkbox"/>	<input type="checkbox"/>	
Navigation Lights	<input type="checkbox"/>	<input type="checkbox"/>	
Life Raft	<input type="checkbox"/>	<input type="checkbox"/>	
Pulpits	<input type="checkbox"/>	<input type="checkbox"/>	
Pushpits	<input type="checkbox"/>	<input type="checkbox"/>	
Staunchions/Lifelines	<input type="checkbox"/>	<input type="checkbox"/>	

Recommendations: _____
