



# 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: <u>Peter Karavatis</u>	POLICY/QUOTATION NUMBER: _____
ADDRESS: <u>96a Napoleon St., San Souci, NSW, 2219</u>	SLIPPING DATE: <u>4/5/2017</u> / _____
TELEPHONE NO: <u>0404469879</u>	INSPECTED AT: <u>Savage's Wharf</u>
EMAIL ADDRESS: <u>nvtracey@hotmail.com</u>	VESSEL NAME: <u>Panache</u>
HIN/REGISTRATION/SAIL NO.: <u>QD 492</u>	AFLOAT <input type="checkbox"/> SLIPPED <input checked="" type="checkbox"/>
BUILDER: <u>Offshore</u>	DESIGN: <u>48</u> RIG: _____
DATE LAUNCHED: <u>1994</u>	LOA: <u>50'</u>
CONSTRUCTION MATERIAL - HULL: <u>GRP</u>	DECK: <u>GRP</u> KEEL: _____

## HULL CONSTRUCTION/CONDITION

	ACCEPT	NON ACCEPT	COMMENTS/DETAILS/DESCRIPTION
Keel			N/A
Keelbolts			N/A
Surface U/W	✓		
Surface A/W	✓		
Deck	✓		
Cockpit	✓		
Coach-house			N/A
Frames	✓		
Stringers	✓		
Bulkheads	✓		
Cabin/Interior	✓		
Marine Toilet	✓		
Seacocks	✓		
Skin Fittings	✓		
Cockpit Drains	✓		
Propeller	✓		x 2
Propeller Shaft	✓		x 2
Propeller Skeg	✓		x 2

### HULL CONSTRUCTION/CONDITION (cont'd)

	ACCEPT	NON ACCEPT	COMMENTS/DETAILS/DESCRIPTION
Sterngland	✓		
Rudder	✓		
Rudder Mounts	✓		
Rudder Stock/Gland	✓		Port has slight weep
Steering Linkages	✓		
Auxiliary Steering			N/A
Chain Plates			N/A
Stemhead Fitting			N/A

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### MOTOR INSTALLATION/CONDITION

PETROL:     DIESEL:     INBOARD:     OUTBOARD:     STERN DRIVE:     JET:   
 BRAND: Cummins    MODEL No.: 6BTA x 2    SERIAL No.: See below    H.P.: 425 each    AGE: 1994

	ACCEPT	NON ACCEPT	COMMENTS/DETAILS/DESCRIPTION
Installation	✓		Engine serial Nos.: Port 44882152
Controls	✓		Starboard 44887802
Exhaust	✓		
Fuel Lines/Fittings	✓		
Fuel Tanks	✓		
Filler	✓		
Venting	✓		
Connection & Lines	✓		
Electrical Harness	✓		
Electrical Fitting	✓		
Stove	✓		Electric
Gas Bottles			Inc. Gas Compliance Plate No.: <u>N/A No gas on board</u>
Connections & Lines			N/A
Position			N/A
Venting	✓		
Gas Detector			N/A No gas on board
Batteries	✓		
Mounting	✓		
Bilge Pump - Manual			N/A
- Electrical	✓		x 3 Aft float switch not operating

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"/>	<b>Power boat - no rigging</b>
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 type="checkbox"/> WIRE <input type="checkbox"/> AGE <input type="checkbox"/>
Spreaders	<input type="checkbox"/>	<input type="checkbox"/>	No. of <input type="checkbox"/> INLINE <input type="checkbox"/> SWEPT BACK <input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Flares	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Expired
Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Spot Light	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Lifejackets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Navigation Lights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All working except anchor light
Life Raft	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Pulpits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pushpits	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Staunchions/Lifelines	<input type="checkbox"/>	<input type="checkbox"/>	N/A

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

