

# 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	<input type="checkbox"/>	<input type="checkbox"/>	
Rudder	<input type="checkbox"/>	<input type="checkbox"/>	
Rudder Mounts	<input type="checkbox"/>	<input type="checkbox"/>	
Rudder Stock/Gland	<input type="checkbox"/>	<input type="checkbox"/>	
Steering Linkages	<input type="checkbox"/>	<input type="checkbox"/>	
Auxiliary Steering	<input type="checkbox"/>	<input type="checkbox"/>	
Chain Plates	<input type="checkbox"/>	<input type="checkbox"/>	
Stemhead Fitting	<input type="checkbox"/>	<input type="checkbox"/>	

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

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## 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	<input type="checkbox"/>	<input type="checkbox"/>	
Controls	<input type="checkbox"/>	<input type="checkbox"/>	
Exhaust	<input type="checkbox"/>	<input type="checkbox"/>	
Fuel Lines/Fittings	<input type="checkbox"/>	<input type="checkbox"/>	
Fuel Tanks	<input type="checkbox"/>	<input type="checkbox"/>	
Filler	<input type="checkbox"/>	<input type="checkbox"/>	
Venting	<input type="checkbox"/>	<input type="checkbox"/>	
Connection & Lines	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Harness	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Fitting	<input type="checkbox"/>	<input type="checkbox"/>	
Stove	<input type="checkbox"/>	<input type="checkbox"/>	
Gas Bottles	<input type="checkbox"/>	<input type="checkbox"/>	Inc. Gas Compliance Plate No.: _____
Connections & Lines	<input type="checkbox"/>	<input type="checkbox"/>	
Position	<input type="checkbox"/>	<input type="checkbox"/>	
Venting	<input type="checkbox"/>	<input type="checkbox"/>	
Gas Detector	<input type="checkbox"/>	<input type="checkbox"/>	
Batteries	<input type="checkbox"/>	<input type="checkbox"/>	
Mounting	<input type="checkbox"/>	<input type="checkbox"/>	
Bilge Pump - Manual	<input type="checkbox"/>	<input type="checkbox"/>	
- Electrical	<input type="checkbox"/>	<input type="checkbox"/>	

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

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## 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 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 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: \_\_\_\_\_

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## GENERAL REMARKS AND RECOMMENDATIONS

RESTRICTED WATERS ☐

OPEN WATERS ☐

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- decide whether to issue a policy;
- determine terms and conditions of your policy;
- compile data which it may share with us as its agent;
- handle claims;
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☐ Authorised Marine Surveyor

☐ Authorised Shipwright

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Trading Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Please attach broadside photograph of boat**



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