



CLUB
MARINE
INSURANCE

CONDITION REPORT

TRAILER BOATS / TRAILER SAILERS

Client's Name Webster 4-3 c/c Policy No: _____
Client's Address _____ Home Ph: _____
Boat Dealer _____ By _____ Signed _____ Date _____

HULL

Make <u>Webster</u>	HIN No. _____	Year Built _____	Reg. No. _____	Construction <u>Al</u>
Check visual condition of:		Good	Poor	
Keel, Strakes and Chines		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Rest of Bottom Area		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Welds		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Transom		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Bow and Topside		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Deck/Cabin		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Windscreen		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Steering System		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Canopy/Storm Cover		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Osmosis present		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

Is Hull fitted with:	Yes	No
Operative Engine Blower	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gas Detector fitted	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Battery Isolation Switch	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bilge Pump operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all Deck fittings secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Navigational lights operational	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please note your general comments on the overall condition of the hull, specifically those items that require immediate attention:

Reg in excellent condition

MOTOR

Port: Make <u>Suzuki</u>	Year Built _____	Serial No. _____	HP <u>50</u>
S/Board: Make _____	Year Built _____	Serial No. _____	HP _____
Visual check for:	Yes	No	
Visible Damage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Loose Parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Corroded/Deteriorated Parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuel Storage:	Yes	No	
Inbuilt Tanks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Vented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Deck Filled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Earthed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Portable Type	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Safety Secured	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Check condition of:	Yes	No	
Fuel Lines, Filters and Connections (meet Industry Standards)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Check condition/operation of:	Good	Poor	
Engine Oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tilt/Trim System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Check condition of:	Good	Poor	
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electrical System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

In or out of Test Tank, check:	Yes	No
Choke	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alternator Charging	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Instruments Functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water Pressure Gauge (check only in Test Tank)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooling System Functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water Leaks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fuel Leaks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Throttle Operation	Good	Poor
Starting System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Run Motor (check water flow)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Motor Idle (out of gear) at.....rpm	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Motor Idle (in gear) at.....rpm	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Motor operated under load	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Remove Spark Plugs and check	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gearshift Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Condition of Oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please note your general comments on the overall condition of the motor, specifically those items that require immediate attention:

Engine has done only 34 hrs