



CONDITION REPORT

TRAILER BOATS / TRAILER SAILERS

Client's Name Cruise Craft Stinger 506 Policy No: _____
Client's Address _____ Home Ph: _____
Boat Dealer _____ By _____ Signed _____ Date _____

HULL

| | | | | |
|-----------------------------------|---------------|-------------------------------------|-------------------------------------|--------------------------|
| Make _____ | HIN No. _____ | Year Built _____ | Reg. No. _____ | Construction <u>GAP.</u> |
| Check visual condition of: | | Good | Poor | |
| Keel, Strakes and Chines | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Rest of Bottom Area | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Welds | | <input 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"/> | |
| | | Yes | No | |
| Osmosis present | | <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:

A lot of money has been spent
on this boat. Presents well

MOTOR

| | | | |
|---------------------------------------|----------------------|-------------------------------------|-------------------------------------|
| Port: Make <u>Mercury</u> | Year Built <u>88</u> | Serial No. _____ | HP <u>135</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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| Vented | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Deck Filled | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Earthed | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Portable Type | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Safely Secured | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Check condition of: | | Yes | No |
| Fuel Lines, Filters and Connections | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (meet Industry Standards) | | | |
| 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 <u>no battery</u> | | <input 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 | | <input type="checkbox"/> | <input type="checkbox"/> |
| (check only in Test Tank) | | | |
| 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"/> |
| | | Good | Poor |
| Throttle Operation | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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:

Motor runs well.