



CLUB
MARINE
INSURANCE

CONDITION REPORT

TRAILER BOATS / TRAILER SAILERS

Client's Name Trailcraft 610 Policy No: _____
Client's Address _____ Home Ph: _____
Boat Dealer _____ By _____ Signed _____ Date _____

HULL New Boat

Make _____ HIN No. _____ Year Built _____ Reg. No. _____ Construction Al.

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 ☐ No ☐

Is Hull fitted with:

	Yes	No
Operative Engine Blower	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gas Detector fitted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Battery Isolation Switch	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>

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

Hull is brand new

MOTOR Brand New

Port: Make Honda Year Built _____ Serial No. _____ HP 135.

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 checked="" type="checkbox"/>

Portable Type ☐ ☒

Safely Secured ☐ ☒

Check condition of:

Fuel Lines, Filters and Connections ☒ ☐

(meet Industry Standards)

Check condition/operation of:

Engine Oil ☒ ☐

Tilt/Trim System ☒ ☐

Check condition of: ☒ ☐

Battery ☒ ☐

Electrical System ☒ ☐

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 checked="" type="checkbox"/>	<input type="checkbox"/>
(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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fuel Leaks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Good ☒ Poor ☐

Throttle Operation

Starting System ☒ ☐

Run Motor (check water flow) ☒ ☐

Motor Idle (out of gear) at.....rpm ☒ ☐

Motor Idle (in gear) at.....rpm ☒ ☐

Motor operated under load ☒ ☐

Remove Spark Plugs and check ☒ ☐

Gearshift Operation ☒ ☐

Condition of Oil ☒ ☐

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

Engine brand new