



CLUB
MARINE
INSURANCE

CONDITION REPORT

TRAILER BOATS / TRAILER SAILERS

Client's Name Stacer 3.9 SeaSprite Policy No: _____
Home Ph: _____

Client's Address _____

Boat Dealer _____ By _____ Signed _____ Date _____

HULL					
Make <u>Stacer</u>	HIN No. _____	Year Built _____	Reg. No. <u>ON1235</u> Construction <u>Al.</u>		
Check visual condition of:	Good <input checked="" type="checkbox"/>	Poor <input type="checkbox"/>	Is Hull fitted with:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Keel, Strakes and Chines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Operative Engine Blower	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rest of Bottom Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gas Detector fitted	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Welds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Battery Isolation Switch	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bilge Pump operational	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bow and Topside	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are all Deck fittings secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deck/Cabin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Navigational lights operational	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wiperscreen	<input type="checkbox"/>	<input type="checkbox"/>			
Steering System	<input type="checkbox"/>	<input type="checkbox"/>			
Canopy/Storm Cover	<input type="checkbox"/>	<input type="checkbox"/>			
Osmosis present	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			

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

MOTOR					
Port: Make <u>Johnson</u>	Year Built _____	Serial No. _____	HP <u>25.</u>		
S/Board: Make _____	Year Built _____	Serial No. _____	HP _____		
Visual check for:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	In or out of Test Tank, check:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Visible Damage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Choke	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Loose Parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alternator Charging	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Corroded/Deteriorated Parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All Instruments Functioning	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Storage:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Water Pressure Gauge	<input type="checkbox"/>	<input type="checkbox"/>
Inbuilt tanks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(check only in Test Tank)	<input type="checkbox"/>	<input type="checkbox"/>
Vented	<input type="checkbox"/>	<input type="checkbox"/>	Cooling System Functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deck Filled	<input type="checkbox"/>	<input type="checkbox"/>	Water Leaks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Earthed	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Leaks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Portable Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Good <input checked="" type="checkbox"/>	Poor <input type="checkbox"/>
Safely Secured	<input type="checkbox"/>	<input type="checkbox"/>	Throttle Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Check condition of:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Starting System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fuel Lines, Filters and Connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Run Motor (check water flow)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(meet Industry Standards)			Motor Idle (out of gear) atrpm	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Check condition/operation of:	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	Motor Idle (in gear) atrpm	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine Oil	<input type="checkbox"/>	<input type="checkbox"/>	Motor operated under load	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tilt/Trim System	<input type="checkbox"/>	<input type="checkbox"/>	Remove Spark Plugs and check	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Check condition of:	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	Gearshift Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input type="checkbox"/>	<input type="checkbox"/>	Condition of Oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electrical System	<input type="checkbox"/>	<input type="checkbox"/>			

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

