

CONDITION REPORT

TRAILER BOATS / TRAILER SAILERS

Policy No: _____

Client's Name _____ Home Ph _____

Client's Address _____

Boat Dealer Nautical Marine Sorrento By _____ Signed _____ Date _____

HULL

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

Check visual condition of:	Good	Poor	Is Hull fitted with:	Yes	No
Keel, Strakes and Chines	<input type="checkbox"/>	<input type="checkbox"/>	Operative Engine Blower	<input type="checkbox"/>	<input type="checkbox"/>
Rest of Bottom Area	<input type="checkbox"/>	<input type="checkbox"/>	Gas Detector fitted	<input type="checkbox"/>	<input type="checkbox"/>
Welds	<input type="checkbox"/>	<input type="checkbox"/>	Battery Isolation Switch	<input type="checkbox"/>	<input type="checkbox"/>
Transom	<input type="checkbox"/>	<input type="checkbox"/>	Bilge Pump operational	<input type="checkbox"/>	<input type="checkbox"/>
Bow and Topside	<input type="checkbox"/>	<input type="checkbox"/>	Are all Deck fittings secure	<input type="checkbox"/>	<input type="checkbox"/>
Deck/Cabin	<input type="checkbox"/>	<input type="checkbox"/>	Navigational lights operational	<input type="checkbox"/>	<input type="checkbox"/>
Windscreen	<input type="checkbox"/>	<input type="checkbox"/>			
Steering System	<input type="checkbox"/>	<input type="checkbox"/>			
Canopy/Storm Cover	<input type="checkbox"/>	<input type="checkbox"/>			
	Yes	No			
Osmosis present	<input type="checkbox"/>	<input type="checkbox"/>			

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

MOTOR

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

S/Board: Make _____ Year Built _____ Serial No. _____ HP _____

Visual check for:	Yes	No	In or out of Test Tank, check:	Yes	No
Visible Damage	<input type="checkbox"/>	<input type="checkbox"/>	Choke	<input type="checkbox"/>	<input type="checkbox"/>
Loose Parts	<input type="checkbox"/>	<input type="checkbox"/>	Alternator Charging	<input type="checkbox"/>	<input type="checkbox"/>
Corroded/Deteriorated Parts	<input type="checkbox"/>	<input type="checkbox"/>	All Instruments Functioning	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Storage:	Yes	No	Water Pressure Gauge	<input type="checkbox"/>	<input type="checkbox"/>
Inbuilt Tanks	<input 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 type="checkbox"/>	<input type="checkbox"/>
Deck Filled	<input type="checkbox"/>	<input type="checkbox"/>	Water Leaks	<input type="checkbox"/>	<input type="checkbox"/>
Earthed	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Leaks	<input type="checkbox"/>	<input type="checkbox"/>
Portable Type	<input type="checkbox"/>	<input type="checkbox"/>		Good	Poor
Safely Secured	<input type="checkbox"/>	<input type="checkbox"/>	Throttle Operation	<input type="checkbox"/>	<input type="checkbox"/>
Check condition of:	Yes	No	Starting System	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Lines, Filters and Connections	<input type="checkbox"/>	<input type="checkbox"/>	Run Motor (check water flow)	<input type="checkbox"/>	<input type="checkbox"/>
(meet Industry Standards)			Motor Idle (out of gear) at.....rpm	<input type="checkbox"/>	<input type="checkbox"/>
Check condition/operation of:	Good	Poor	Motor Idle (in gear) at.....rpm	<input type="checkbox"/>	<input type="checkbox"/>
Engine Oil	<input type="checkbox"/>	<input type="checkbox"/>	Motor operated under load	<input type="checkbox"/>	<input type="checkbox"/>
Tilt/Trim System	<input type="checkbox"/>	<input type="checkbox"/>	Remove Spark Plugs and check	<input type="checkbox"/>	<input type="checkbox"/>
Check condition of:	Good	Poor	Gearshift Operation	<input type="checkbox"/>	<input type="checkbox"/>
Battery	<input type="checkbox"/>	<input type="checkbox"/>	Condition of Oil	<input 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:



TRAILER

Make _____ Year Built _____ Reg. No. _____

Check visual condition of:

	Good	Poor		Go	
Coupling and Chain	<input type="checkbox"/>	<input type="checkbox"/>	Brakes	<input type="checkbox"/>	<input type="checkbox"/>
Tilt Drawbar and Lock	<input type="checkbox"/>	<input type="checkbox"/>	Axle and Springs	<input type="checkbox"/>	<input type="checkbox"/>
Winch, Cable and Stand	<input type="checkbox"/>	<input type="checkbox"/>	Chassis	<input type="checkbox"/>	<input type="checkbox"/>
Bow Safety Chain	<input type="checkbox"/>	<input type="checkbox"/>	Roller/Supports	<input type="checkbox"/>	<input type="checkbox"/>
Wheel Rims	<input type="checkbox"/>	<input type="checkbox"/>	Trailer Lights	<input type="checkbox"/>	<input type="checkbox"/>
Tyres	<input type="checkbox"/>	<input type="checkbox"/>			
Wheel Bearings	<input type="checkbox"/>	<input type="checkbox"/>			

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

MAST, SPARS, RIGGING & SAILS

Age of Rigging: _____ Construction of Mast _____

Condition: **Good** **Poor**

Recommendations:

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