

Condition & Valuation Survey Report

Trident Marine Insurance



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HOW TO FILL OUT THIS FORM

For questions with multiple choice answers, please tick the box in front of the correct answer.
For other questions, please write the information requested in the spaces provided.
If there is inadequate space to answer any questions, please attach a separate sheet of paper.
Please complete each question on this Proposal Form fully and accurately.

GENERAL DETAILS

INSURED NAME(S)

Full Name ① _____

Full Name ② _____

ADDRESS

Number/Street Name _____

Suburb/City _____ Postcode _____

POLICY NUMBER

DETAILS OF THE BOAT / MOTOR(S)

INSPECTED/AFLOAT/SLIPPED Inspected at _____ Afloat/Slipped _____

NAME/SAIL NO. Vessel Name _____ Reg / Sail No _____

MATERIAL/LENGTH/AGE Construction Material _____ Length _____ Age _____

MAKE/MODEL Make _____ Model _____

TYPE/SPEED Type _____ Max Speed _____

DETAILS OF MOTOR NO. 1

Make _____ Model _____ Type _____

Age _____ Horsepower _____ Fuel Type _____ In/Outboard _____

DETAILS OF MOTOR NO. 2

Make _____ Model _____ Type _____

Age _____ Horsepower _____ Fuel Type _____ In/Outboard _____

GENERAL DETAILS OF MOTORS

MOTORS MARINISED Are the motors professionally marinised? Yes No

INBOARD MOTORS Centre Mounted Yes No Rear Mounted Yes No

REAR MOUNTED – ENGINE DRIVE Jet Unit Yes No V-drive Yes No

DETAILS OF MASTS, SPARS, RIGGING & SAILS

MAST TYPE Mast & Boom Material _____ Spreaders Yes No

Masthead Yes No Fractional Yes No

Age _____ Date of Last Service _____

RIGGING Rod Yes No Wire Yes No

Age _____ Date of Last Service _____

DETAILS OF TRAILER

Make _____ Age _____

Registration No. _____ Single / Tandem Axle _____

PHOTOGRAPH

Please enclose a recent broadside photograph of the vessel.

SIGNATURE

Signature of Proposer(s) _____ Date _____

Authorised Marine Surveyor / Licensed Boat Dealer Company Name (Stamp) _____
