

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Boat (Year, Length over all (LOA), Make & Model): \_\_\_\_\_

**Type of boat**

Cruiser                      Sail                      Sport Fish                      Pontoon                      Center Console  
 Runabout                      Jet                      Trawler                      Houseboat                      Ski  
 - Other (Explain)

**Type of engine**

Inboard                      Inboard / Outboard                      Outboard                      Gas                      Diesel                      Total Horsepower - \_\_\_\_\_  
Single:    Yes    No    Twin:    Yes    No    Triple:    Yes    No                      Top speed of vessel - \_\_\_\_\_

**Hull**    Hull ID #: \_\_\_\_\_                      Documentation # \_\_\_\_\_  
 Hull material    Fiberglass                      Steel                      Aluminum                      Other (specify) \_\_\_\_\_

To your knowledge has the vessel ever been grounded or collided with another boat?                      Yes                      No  
 If yes to the above please give details and repairs made. \_\_\_\_\_  
 Do all your through hull fittings open and close easily?                      Yes                      No  
 When were they last disassembled and lubricated.                      Date: \_\_\_\_\_  
 Are the hoses that are connected, soft and in good condition?                      Yes                      No  
 Are the hoses double clamped?                      Yes                      No  
 Are the clamps in good condition (no rust)?                      Yes                      No  
 Is there a soft wooden safety plug tied to the fitting?                      Yes                      No  
 Are there any recommendations pertaining to the repair or maintenance of through hull fittings?                      Yes                      No  
 If yes, please explain:

**Electrical System**

Have wires, terminals, and switches for running lights been checked for corrosion.                      Yes                      No  
 Have burned out bulbs been replaced?                      Yes                      No  
 Is the battery secured in place and covered by a plastic shield?                      Yes                      No  
 Is the battery wiring frayed and are terminals showing signs of wear or corrosion?                      Yes                      No  
 When was the electrical system last checked by a marina (or qualified individual?)                      Date: \_\_\_\_\_  
 Do the galley and head outlets have the appropriate GFI?                      Yes                      No

**Fuel System**

Is the fuel tank accessible?                      Yes                      No  
 Is it free of corrosion or leaks?                      Yes                      No  
 Is the fuel system of your inboard or inboard/outdrive engine grounded to prevent static spark?                      Yes                      No  
 When was the fuel system, including fuel tank checked by a marina (or qualified individual) for leaks, loose connections, or signs of deterioration?                      Date: \_\_\_\_\_

**Gasoline Powered engines**

Is venting of the fuel tank unobstructed and directed overboard?                      Yes                      No  
 Is the fuel fill flange bonded or grounded to the engine or fuel tank?                      Yes                      No  
 Is a manual fuel shut-off present and operable?                      Yes                      No  
 Is the explosive vapor detector connected and operational?                      Yes                      No  
 Is the automatic fire extinguisher full charged?                      Yes                      No  
 When was the anti-siphoning device last checked by a marina (or qualified individual)?                      Date: \_\_\_\_\_  
 Has the engine been modified to increase Horse Power? (aftermarket parts)                      Yes                      No

**Steering Mechanism & Ventilation**

When was the steering system last checked.                      Date: \_\_\_\_\_  
 Are the bilge blowers functioning properly?                      Yes                      No

**Safety Equipment**

Is there a life ring aboard?	Yes	No
Is there an appropriate size PFD for the operator and each passenger?	Yes	No
How many fire extinguishers are aboard? _____ Are they charged?	Yes	No
Do you carry navigational charts on board?	Yes	No

**Galley**

Are all flammable materials more than 6" away from the side and more than 24" above the heat source?	Yes	No
If the galley stove is fueled by gas, is it: _____ Liquid propane gas or _____ compressed natural gas?		
Is the LPG tank located outside the galley?	Yes	No
Is the stove approved for marine use? (Look for the plate which will indicate that the stove is approved by U/L, AGA , CGA or CSA).	Yes	No
Is shut-off valve at the stove present and operable?	Yes	No
Are any other appliances (ovens, refrigerator, gas grill, etc.) using an open flame pilot light operated in the cabin?	Yes	No
If yes, describe:		

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**Rigging and Ground Tackle**

Describe any items related to the rigging and deck hardware that have been repaired or replaced (include the dates)

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Have you checked sails, masts, spars, rigging and related hardware for signs of wear and deterioration?	Yes	No
Has the rigging ever been Dye Checked? _____	Yes	No Date _____

**Everything ship-shape?**

Include a summary of any damage to your boat during the last year.

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This season, will maintenance of your boat be performed by a "boat yard," marina,"yourself" or other? (specify) -

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Is there anything concerning the maintenance of your boat you would like to add or clarify?

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**Please Note:**

The completion of this checklist does not represent a guarantee that your boat is in a safe and seaworthy condition. The purpose of this form is to assist you in evaluating the safety of your boat and to help you identify and correct potential problems before they become serious. If you have any questions, please contact your agent.

I, \_\_\_\_\_ Have answered all of the questions to the best of my knowledge and understand that this self survey forms part of my insurance and that any unsatisfactory answers may result in Underwriters refusing to accept coverage. This must be completed and signed by the Applicant / Insured.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Policy Number (if applicable) -** \_\_\_\_\_

**Signature of individual completing this form:** \_\_\_\_\_