

Vessel Self Survey Inspection

(Validity: Two Policy Terms Only)

The survey inspection must be completed by either the Vessel Owner or a SAMS/NAMS/Lloyds Accredited Surveyor. The inspection must accurately record the current condition of the vessel, its current market value and identify any areas of the vessel that require work to be undertaken to ensure that the vessel is Seaworthy.

Owner Name: _____ Surveyor Name (if different): _____
 Inspection Date / Location: _____

Vessel Specifics

Vessel Name: _____ HIN Number: _____
 Market Value (USD): _____

A) Firefighting Equipment (ALL vessels over 26 feet require at least TWO fire extinguishers onboard)

- 1) Number of Portable Extinguishers: _____
- 2) Fire Extinguisher(s) have been Weighed/Services/Tagged in the last 12 months Yes No
- 3) If new Purchase Date: ____/____/____
- 4) Are **All** Extinguishers Properly Mounted? Yes No
- 5) Is there a Fixed Fire Extinguishing system? Yes No
- 6) Date of Last Recertification: ____/____/____

B) Lifesaving Equipment

- 1) Do all Life Preservers comply with all laws and regulations governing the Scheduled Vessel Yes No
- 2) Is there a U.S.C.G. Approved Type IV Device onboard? Yes No
- 3) Are the Distress Signals/Flares Current? Yes No

C) Bilge Pump Systems

- 1) Are bilge pumps free of oil, debris and loose items Yes No
- 2) Are the bilge pumps fitted with an automatic float switch? Yes No
- 3) Do All Bilge Pumps Operate in Manual and Automatic Mode? Yes No

D) Vessel

Please Note Any Significant areas of damage / scratches / soft spots on the exterior Hull and Deck (**and provide photographs to support this**):

- | | |
|---|--|
| 1) Is the General Maintenance of the Exterior Good? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2) Is the General Housekeeping of the Interior Good? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3) Are There Signs of Leakage around Windows or Hatches? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4) Are All Deck Fittings / Stanchions / Cleats (etc.) Secure? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5) Do All Through-Hull Fittings Appear to be free of corrosion? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6) Do All Seacocks / Ball Valves Operate Freely: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7) Are All Below Waterline Hose Connections Double Clamped: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8) Are Zinc Anodes In Good Condition (if hauled): | Yes <input type="checkbox"/> No <input type="checkbox"/> |

E) Electrical

- | | |
|---|--|
| 1) Do the Electrical Systems Meet U.S.C.G / A.B.Y.C. Standards? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|

Please Note Any Areas / Wiring / Etc. That Require Attention

F) Propulsion System

- | | |
|--|--|
| 1) Do the Engines and Transmissions Appear to be Secure? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2) Are the Engines / Transmissions Free of Rust and Corrosion? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3) Are the Engine Hoses and V-Belts in Good Condition? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4) Are the Propellers clean, secure on the shaft and in Good Condition? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5) Are the Batteries Properly Secured and Covered? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6) Are the Bilges Clean and Free of Oil and Debris? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7) Are the Shift and Throttle Connections Properly Secured (Helm and engine room)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8) Are the Propulsion Shaft Packing Glands Serviceable? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9) Are the Engine Room / Equipment / Machinery Well Maintained? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Propulsion System General Notes:

G) Fuel System

- | | |
|---|--|
| 1) Are Fuel Fill Connections Grounded? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2) Are Fuel Fill Hoses in Good Condition? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3) Are Fuel Feed Lines / Hoses in Good Condition? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4) Do All Fuel Hoses Meet Current U.S.C.G / A.B.Y.C. Standards? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Fuel System General Notes:

H) Steering System

- | | |
|---|--|
| 1) Are all Steering Connections Properly Secured? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2) Are Rudder(s) Secure and In Good Condition? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3) Are Rudder Shaft Packing Glands Serviceable? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4) Are there any Areas / Connections / Fittings that Require Service? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Steering System General Notes:

I) Navigational / Communication Systems

List all Electronics Onboard (fixed to vessel)

- | | |
|-----------------------------|--|
| 1) Do All Systems Power Up? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|-----------------------------|--|

Detail Any Electronics **that are inoperative:**

SUGGESTIONS AND COMMENTS

(Affecting Maintenance, Improvements and General Condition of Vessel)

Photographs Required

You are required to provide the following photographs to accompany this inspection (where applicable). Please tick those photographs that you have enclosed:

- Bow Stern (including engines) Port Starboard Trailer

Summary Statements

I _____ attest that all of the information contained in this form is true and correct. I understand that this information is material to underwriters' assessment of this risk and that my policy may become void if the information that I have provided in this document or elsewhere in my application for insurance is incorrect.

Print Name: _____

Date: ____/____/____

Assured Signature _____

SURVEYOR (if applicable)

Print Name: _____

Date: ____/____/____

Signature _____