



CONDITION REPORT

TRAILER BOATS / TRAILER SAILERS

Client's Name Bermuda 480. Policy No: _____
 Client's Address _____ Home Ph _____
 Boat Dealer _____ By _____ Signed _____ Date _____

HULL

Make Bermuda HIN No. _____ Year Built _____ Reg. No. LL1335 Construction AL

Check visual condition of:	Good	Poor	Is Hull fitted with:	Yes	No
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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Windscreen	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Steering System	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Canopy/Storm Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Osmosis present	Yes	No			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

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

Hull is in below average condition

MOTOR

Port: Make Mercury Year Built _____ Serial No. 4 Stroke HP 50

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Fuel Storage:	Yes	No	Water Pressure Gauge	<input type="checkbox"/>	<input type="checkbox"/>
Inbuilt Tanks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(check only in Test Tank)		
Vented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cooling System Functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deck Filled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water Leaks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Earthed	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Leaks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Portable Type	<input type="checkbox"/>	<input type="checkbox"/>		Good	Poor
Safely Secured	<input type="checkbox"/>	<input type="checkbox"/>	Throttle Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Check condition of:	Yes	No	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) at.....rpm	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Check condition/operation of:	Good	Poor	Motor Idle (in gear) at.....rpm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Engine Oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Motor operated under load	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tilt/Trim System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Remove Spark Plugs and check	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Check condition of:	Good	Poor	Gearshift Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Condition of Oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electrical System	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

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

Motor presents in good condition
Carbony Flooding
steering seized