

Marine Self Survey Form

Submit completed form and return to your agent/broker or send to: submissions@glatfelterbrokerage.com

Name of Insured: _____

Owner's Address: _____

Vessel Name: _____

Manufacturer/Builder: _____

Model: _____

Year: _____ Length: _____ Hull ID #: _____

Registration/Documentation #: _____

Engine Make: _____ Year: _____ Horsepower: _____ # of Hours: _____

Engine Make: _____ Year: _____ Horsepower: _____ # of Hours: _____

Engine Make: _____ Year: _____ Horsepower: _____ # of Hours: _____

Fuel Type (Gas/Diesel/Electric): _____ Engine(s) Date Last Service: _____

Generator Make/Model/Year/Output: _____ Generator Date Last Service: _____

Homeport Location (City, State, Zip): _____

Name of Facility: _____

Docked/Moored: _____

If Moored, Provided Details: _____

Facility Security Measures: _____

If Vessel is hauled during any applicable Lay-Up please describe (on jack stands, cradle, trailer, etc): _____

Vessel & Systems Information/Safety

Yes No N/A Is the vessel kept locked when not in use?

Yes No N/A Are all below water line thru-hulls equipped with operational closure valves?

Yes No N/A Are bilge pumps operational? How many on board: _____
Automatic or Manual: _____

Yes No N/A Is the engine's raw water strainer free of debris?

Yes No N/A Are the stuffing boxes annually inspected and serviced?

Yes No N/A Are the propellers and shafts frequently inspected for damage?

Yes No N/A Is the rudder in good condition?
If not, explain: _____

Yes No N/A Are tubes, hoses and bellows frequently inspected for damage?

Yes No N/A Are the fuel tanks properly secured?
Fuel tank(s) material (Aluminum, Fiberglass, Other): _____
If other, please explain: _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are the fuel tanks rust and leak free?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are fuel hoses in good condition and double clamped?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are the fuel shut-off valves accessible and operational? Valve location(s): _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Gas Engine Vessels – Are the engines equipped with carburetor flame arrestors? If so, last service date: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Gas Engine Vessels – Is all electrical equipment ignition protected? If not, describe: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Is there proper ventilation to engine room (2 ducts and operational engine blower)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are the batteries secured?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are the battery terminals covered?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Is the electrical system equipped with proper fuses and circuit breakers?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Is all wiring bundled, secured, protected against chaffing and clear of the bilges and heat sources?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Is the vessel equipped with a lightning protection system?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Does the vessel have an accessible USCG approved throw-able flotation device?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are there USCG approved PFDs for each person when vessel is under way?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Does the vessel have current visual Distress Signals (3 day/3 night)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Does the vessel have approved Sound Signaling Device?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are the navigation and anchor lights operational?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Is the vessel equipped with a first-aid kit?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Is the vessel equipped with the required number and type of up-to-date fire extinguishers? Fire extinguisher location(s): _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Is the fire suppression device in engine room up to date?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are all flammable objects kept away from the heating system or stove?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are bilge & equipment areas clean?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are vessels systems maintained annually?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Is there an operational carbon monoxide detector on vessel? Detector location: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are any thru-hull leaking? If yes, explain: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are there any coolant/oil/exhaust or fuel leaks? If yes, explain: _____

Overall Condition & Maintenance

Yes No N/A

Are there any significant damages, defects, or deteriorations in the hull or related structure?

If yes, please explain: _____

Yes No N/A

If you have any previous losses or damage to vessel, has all related damage been repaired?

If yes, please explain: _____

Valuation

Purchase Date: _____ Purchase Price: _____

Improvements (excluding necessary repairs and/or maintenance) Costs/Details/ Completion Dates: _____

Photos

Current Photographs, not older than 30 days, must be submitted with Self Survey form. Photos should be in support to the information/details outlined above and should include the following, but not limited to:

- port side hull
- starboard side hull
- stern
- topside & deck
- cabin(s)
- engine room/space
- fuel tank
- fuel lines
- electronics
- fire extinguishers

By signing and dating I am attesting that all the information provided within this form is true and to the best of my knowledge.

Date: _____

Signature of insured: _____

Printed name of insured: _____