

# SELF-INSPECTION FORM – COMMERCIAL VESSEL

## GENERAL INFORMATION

1. Named Insured:		
2. Name of Vessel:		
3. Type of Vessel:		Material of vessel:
4. Year Built:		Manufacturer/Builder:
5. Model:		Length:
6. Hull Identification Number:		USCG/ State Document Number:

On a scale from 1 to 5, with 5 being "like new", please rate the below vessel conditions

7. External Condition:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8. Internal Condition:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9. Mechanical Condition:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10. Propulsion Condition:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11. Electronic Condition (including communication & navigation equipment):	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

12. Propulsion:	Year: Type- Inboard/ Outboard/ Sterndrive/ Other: Power: Number of Engines:
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13. Has the vessel been updated? If so, please give full details and date	
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14. Any other comments:	
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15. Attach the following photos:

- All sides of the vessels including deck and bottom of hull (if out of water) – multiple views
- Wheelhouse/ helm station including steering wheel and electronics if applicable
- Any extra equipment on the vessel
- Lifesaving equipment- i.e. firefighting equipment, life jackets, etc.
- Engine(s) including battery(ies)
- Driveshaft if applicable
- Electrical system
- Internal compartments if vessel is a barge

Insured  
Signature: \_\_\_\_\_

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



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