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 2 3 4 5 5
8.	Internal Condition:	1 2 3 4 5 5
9.	Mechanical Condition:	1 2 3 4 5 5
10.	Propulsion Condition:	1 2 3 4 5
11.	Electronic Condition (including communication & navigation equipment):	1 2 3 4 5
12. 13.	Propulsion: Has the vessel been upout of the so, please give full deserting. Any other comments:	
The Party other comments.		
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:



LIG Marine Managers