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Survey:
Appraise the value of the Yacht

Gothaer



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Owners data's

1. Name _____ 2. First Name _____
3. Address _____ 4. Citizenship _____

Yacht data's

5. Producer _____ 6. Type _____
7. Name _____ 8. Construction no. ce _____
9. Construction material hull _____ 10. Construction material rigg _____
11. Building Year _____ 12. LOA _____ 13. Width _____ 14. Draft _____
15. Sail area _____ 16. Motor number _____ 17. Power in HP _____

Evaluation

	++	+	0	-	--		++	+	0	-	--
18. Hull material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Rig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Hull paintwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Sails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Decks material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Electric System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Decks paintwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Security equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Leak & Fire fighting Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Rudder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Interior Furnishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appraised Value

30. Owners Value _____ 31. Surveyed Value _____
32. Comments _____

This survey was made by a Watersport technician

Place of survey _____ Date of survey _____

Name and Company of the surveyor



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