

Mast and Rigging Insurance Inspection Form



Date Boat Name

Place of Inspection

Surveyor Name

Company

Client's/Owner Name

Mast Material Boom Material

Boat Type (Sloop, Fractional/Masthead, etc.)

Rigging Brand/Manufacturer

Age of rigging as stated by owner

Estimated remaining life of standing rigging

Sailing Category (Please tick)

- Blue-Water Racing (AYF Safety Cat 1) Offshore (AYF Safety Cat's 2, 3 & 4) Inshore Racing Cruising Charter

Nautilus Marine acknowledges that certain defects may not be discovered during this inspection without destruction of components or removal of the spars from the yacht. Therefore, Nautilus Marine undertakes not to instigate any legal proceedings or action against the person or company carrying out this inspection. Nautilus Marine also acknowledges that this inspection document is to be used solely by Nautilus Marine to evaluate the insurance risk of the boat concerned and for no other purpose.

Instructions

- **Tick the appropriate box after examining each item.**
- **Strike through any non-applicable items.**
- **If a component is not serviceable please comment.**

1.	Mast Components	Serviceable	If No, please comment
a)	Mast Head Unit	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
b)	Hounds Box	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
c)	Head Stay Nose	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
d)	Back Stay Take-Off	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
e)	External Stiffening	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
f)	Fastenings	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
g)	Goose Neck	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
h)	Vang Take-Off	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
i)	Condition at Partners	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
j)	Mast Tie-Down	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
k)	Heel Plug	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
l)	Heel	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
m)	Step	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
n)	Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
o)	Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

2.	Boom Components	Serviceable	If No, please comment
a)	Inboard End	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
b)	Vang Take-Off	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
c)	Outboard End	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
d)	Main Sheet Take-Off	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
e)	Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
f)	Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

3.	Chain Plates	Serviceable	If No, please comment
a)	Plates/Links	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
b)	Tie Rods	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
c)	Under-Deck Spans	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
d)	Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
e)	Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

4.	Verticals	Serviceable	If No, please comment
V1			
a)	Turnbuckle	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
b)	Rod/Wire	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
c)	Top End Link	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
d)	Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
V2			
a)	Bottom End Link	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
b)	Rod/Wire	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
c)	Top End Link	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
d)	Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
V3			
a)	Bottom End Link	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
b)	Rod/Wire	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
c)	Top End Link	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
d)	Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
V4			
a)	Bottom End Link	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
b)	Rod/Wire	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
c)	Top End Link	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
d)	Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

5.	Diagonals	Serviceable	If No, please comment
D1			
a)	Turnbuckle	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
b)	Rod/Wire	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
c)	Top End Tang	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
d)	Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
D2			
a)	Turnbuckle/Bend	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
b)	Rod/Wire	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
c)	Top End Tang	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
d)	Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
D3			
a)	Turnbuckle/Bend	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
b)	Rod/Wire	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
c)	Top End Tang	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
d)	Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

5. Diagonals (cont'd)		Serviceable		If No, please comment
D4				
a)	Turnbuckle/Bend	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
b)	Rod/Wire	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
c)	Top End Tang	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
d)	Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
D5				
a)	Turnbuckle/Bend	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
b)	Rod/Wire	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
c)	Top End Tang	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
d)	Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
6. Head Stay		Serviceable		If No, please comment
a)	Turnbuckle	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
b)	Link Plate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
c)	Rod/Wire	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
d)	Top End Tang Nose	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
e)	Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
7. Back Stay		Serviceable		If No, please comment
a)	Turnbuckle	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
b)	Ram/Purchase	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
c)	Rod/Wire/Composite	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
d)	Top End Tang/Pin	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
e)	Insulators	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
f)	Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
8. Runners		Serviceable		If No, please comment
a)	Whips	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
b)	Blocks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
c)	Lower Fitting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
d)	Rod/Wire/Composite	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
e)	Upper Fitting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
f)	Top End Tang	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
g)	Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
9. Jumpers		Serviceable		If No, please comment
a)	Lower Tang	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
b)	Turnbuckle	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
c)	Rod/Wire	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
d)	Bend/Tip	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
e)	Top End Tang	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
f)	Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
10. Jumper Strut		Serviceable		If No, please comment
a)	Root	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
b)	Structure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
c)	Tip Link/Bend	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
d)	Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
11. Spreaders		Serviceable		If No, please comment
S1				
a)	Root	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
b)	Structure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
c)	Tip Link/Bend	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
d)	Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

11. Spreaders (cont'd)	Serviceable	If No, please comment
S2		
a) Root	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
b) Structure	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
c) Tip Link/Bend	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
d) Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
S3		
a) Root	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
b) Structure	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
c) Tip Link/Bend	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
d) Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
S4		
a) Root	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
b) Structure	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
c) Tip Link/Bend	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
d) Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

12. Inner Forestay	Serviceable	If No, please comment
a) Lower Fitting	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
b) Rod/Wire/Composite	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
c) Upper Fitting	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
d) Top End Tang	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
e) Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

13. Baby Stay	Serviceable	If No, please comment
a) Lower Fitting	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
b) Rod/Wire/Composite	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
c) Upper Fitting	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
d) Top End Tang	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
e) Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

14. Check Stays	Serviceable	If No, please comment
a) Purchase	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
b) Lower Fitting	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
c) Rod/Wire/Composite	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
d) Deflectors	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
e) Upper Fitting	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
f) Top End Tang	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
g) Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Has rig been modified from original design? Yes No

If Yes, please give details of the work carried out and by whom:

Additional Comments:

Signature _____ Date Inspected ____/____/____

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