

MARINE VEHICLE DESCRIPTION REPORT

Mitchell Total Loss Service Center: (800)710-2450 | Fax: (858) 530-8904 | Email: tlv.efax@mitchell.com

Carrier Name:		Claim-Suffix ID:		Deductible:		Loss Date:	
License Plate:		Insured/Claimant Name:		Insured/Claimant Phone:		Loss Type:	
HIN:		Year:		Make:		Model:	
Miles/Hours:		Length:	Beam:	Engine: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel		Exterior Color:	
Watercraft Type:	<input type="checkbox"/> Personal Water Craft/Jet Ski <input type="checkbox"/> Custom Boats: Type		<input type="checkbox"/> John Boats/Fishing <input type="checkbox"/> Yachts	<input type="checkbox"/> Pontoon/Party Boat <input type="checkbox"/> Open Bow/Cuddy	<input type="checkbox"/> Sloop <input type="checkbox"/> Sail Boat		
Construction:	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Wood	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Steel	<input type="checkbox"/> Other		
Engine Type:	<input type="checkbox"/> Jet	<input type="checkbox"/> Inboard	<input type="checkbox"/> Inboard/Outboard <i>i.e. Sterndrive</i>	<input type="checkbox"/> Trolling Motor HP: _____	<input type="checkbox"/> Outboard Year: _____ Model: _____ HP: _____		
Sail:	<input type="checkbox"/> Sloop	<input type="checkbox"/> Sailboat	<input type="checkbox"/> Yacht	<input type="checkbox"/> Other:	# of Sails: _____		
<input type="checkbox"/> Trailer Included	Trailer Type: <input type="checkbox"/> Aluminum <input type="checkbox"/> Galvanized <input type="checkbox"/> Steel		# of Axles: _____		Brakes: <input type="checkbox"/> Surge <input type="checkbox"/> Electric <input type="checkbox"/> Other: # of Brakes _____		
Location of Vehicle (Zip Code): _____			Inspected By: _____		Date: _____		

OPTIONS AND EQUIPMENT:

<p>COVER</p> <input type="checkbox"/> Boat Cover <input type="checkbox"/> Bow Cover <input type="checkbox"/> Bimini Top <input type="checkbox"/> Bridge Enclosure <input type="checkbox"/> Cockpit Cover <input type="checkbox"/> Salon Enclosure <p>ELECTRONICS</p> <input type="checkbox"/> Auto Pilot <input type="checkbox"/> Auto Pilot w/ Remote <input type="checkbox"/> Battery Charger <input type="checkbox"/> Compass <input type="checkbox"/> Depth Finder <input type="checkbox"/> Fish Finder <input type="checkbox"/> GPS – Fixed Mount <input type="checkbox"/> GPS – Fixed Mount w/ Cartography <input type="checkbox"/> Inverter/Charger <input type="checkbox"/> Lorán <input type="checkbox"/> Radar <input type="checkbox"/> Sonar <input type="checkbox"/> VHF <p>ENTERTAINMENT</p> <input type="checkbox"/> Alarm <input type="checkbox"/> Audio -AM/FM Radio <input type="checkbox"/> Audio -AM/FM Cassette <input type="checkbox"/> Audio -AM/FM CD # _____ <input type="checkbox"/> Audio -AM/FM CD Changer # _____ <input type="checkbox"/> CB Radio <input type="checkbox"/> Speakers <input type="checkbox"/> TV(s) # _____ Type: _____ Size: _____ <p>FISHING</p> <input type="checkbox"/> Bait Tank <input type="checkbox"/> Downrigger-Electric <input type="checkbox"/> Outrigger <input type="checkbox"/> Rod Holder <input type="checkbox"/> Storage Tackle <input type="checkbox"/> Transom Live Well <input type="checkbox"/> Trolling Motor	<p>GALLEY</p> <input type="checkbox"/> Bar/Console <input type="checkbox"/> Dishwasher <input type="checkbox"/> Fish Box <input type="checkbox"/> Refrigerator <input type="checkbox"/> Ice Maker <input type="checkbox"/> Sink <input type="checkbox"/> Stove <input type="checkbox"/> Trash Compactor <input type="checkbox"/> Water <input type="checkbox"/> Washer/Dryer Combo <input type="checkbox"/> Water Heater <p>HARDWARE</p> <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Cavitation Plates <input type="checkbox"/> External Steering <input type="checkbox"/> Exhaust – Silent Choice <input type="checkbox"/> Fresh Water Cooling System <input type="checkbox"/> Fuel Injection <input type="checkbox"/> Hardtop <input type="checkbox"/> Generator <input type="checkbox"/> Internal Mount <input type="checkbox"/> Removed Size (Watts): _____ Fuel Type: _____ <input type="checkbox"/> Heater <input type="checkbox"/> Ladder <input type="checkbox"/> Outboard Power Tilt/Trim <input type="checkbox"/> Power Anchor <input type="checkbox"/> Propeller <input type="checkbox"/> Propeller - Dual <input type="checkbox"/> Spotlight <input type="checkbox"/> Swim Deck <input type="checkbox"/> Transom Bracket <input type="checkbox"/> Trim Tabs <input type="checkbox"/> Trim Indicator <input type="checkbox"/> Windlass <p>JET DRIVE</p> <input type="checkbox"/> Blueprinted Jet <input type="checkbox"/> Grate <input type="checkbox"/> Jet-A-Vator <input type="checkbox"/> Impeller <input type="checkbox"/> Nozzle Reducer	<p>PERFORMANCE EQUIPMENT</p> <input type="checkbox"/> Custom Headers <input type="checkbox"/> Intake Grate <input type="checkbox"/> Stainless Steel Propellers <input type="checkbox"/> Through Hull Exhaust <p>RESTROOM</p> <input type="checkbox"/> Tub <input type="checkbox"/> Sink <input type="checkbox"/> Shower <input type="checkbox"/> Toilet <input type="checkbox"/> Porta Potty <input type="checkbox"/> Bath/Shower Combo <p>SKI/WAKEBOARD EQUIPMENT</p> <input type="checkbox"/> Ski Hoop <input type="checkbox"/> Tow Bar <input type="checkbox"/> Ski/Wakeboard Tower <input type="checkbox"/> Tower Speakers <p>SAFETY</p> <input type="checkbox"/> Anchor Light <input type="checkbox"/> Battery <input type="checkbox"/> Bow Light <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Flares <input type="checkbox"/> Life Ring <input type="checkbox"/> Stern Light <input type="checkbox"/> Transponder <input type="checkbox"/> Dinghy Manufacturer: _____ Model: _____ Construction: _____ <input type="checkbox"/> Raft <input type="checkbox"/> Davits <input type="checkbox"/> Electric <input type="checkbox"/> Manual
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VEHICLE CONDITION: 5 – Excellent 4 – Very good 3 – Good 2 – Fair 1– Poor U– Unknown

BODY		Comments
Bottom Hull	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
Deck/Hood/Side Hull	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
Decals	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
Trim molding	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
Carpet	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
MECHANICAL		
Electrical systems	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
Propeller(s)	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	

AFTER-MARKET INSTALLED PARTS, REFURBISHMENTS AND PRIOR DAMAGE:

COMMENTS: