

All sections must be completed by a professional rigger.

Owner Name _____ Policy Number _____
 Address _____ Boat Name _____
 Rigger _____ Company _____
 Signed _____ Date Inspected _____

DISCLAIMER

Club Marine acknowledges there may be hidden defects that can not be discovered during this inspection without destruction of components or removal of the spars from the yacht for inspection. In consideration of the person or company to whom this form has been issued, carrying out a visual inspection of the spars on behalf of the owner of the boat concerned, Club Marine undertakes not to investigate any legal proceedings of action against the person or company. Club Marine acknowledges that the inspection document is to be used solely by Club Marine to evaluate the insurance risk of the boat concerned and for no other purpose.

Mast Material _____ Boom Material _____
 Boat Type (Sloop, Fractional/Masthead, etc.) _____
 Rigging Type (Rod, Wire, Dyform, Composite, etc.) _____
 Rigging Source/Brand _____
 Declared age of standing rigging (By owner) _____
 Estimated remaining life of standing rigging _____
 Sailing category (Circle relevant letter)
 A. Blue-Water Racing (YNZ Cat's. 0,1,2&3) D. Cruising
 B. Offshore (YNZ Cat.1) E. Charter
 C. Inshoreracing (YNZ Cat's. 4&5)

INSTRUCTIONS

- Tick the appropriate column after examining each item.
- Strike through any non-applicable items.
- Sign off in the last column with initial and date **only after** rectifying an **un**-serviceable item.

A. VERTICALS

	Serviceable	Un-serviceable	Rectified
#V1			
1) Turnbuckle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2) Rod/Wire/Composite	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3) Top End Link	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4) Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
#V2			
1) Bottom End Link	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2) Rod/Wire/Composite	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3) Top End Link	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4) Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
#V3			
1) Bottom End Link	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2) Rod/Wire/Composite	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3) Top End Link	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4) Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
#V4			
1) Bottom End Link	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2) Rod/Wire/Composite	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3) Top End Link	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4) Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

B. DIAGONALS**Serviceable****Un-serviceable****Rectified****#D1**

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Turnbuckle | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Top End Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

#D2

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Turnbuckle/Bend | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Top End Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

#D3

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Turnbuckle/Bend | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Top End Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

#D4

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Turnbuckle/Bend | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Top End Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

#D5

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Turnbuckle/Bend | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Top End Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

C. HEAD STAY

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Turnbuckle | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Link Plate | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Top End Tang Nose | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

D. BACK STAY

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Turnbuckle | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Ram/Purchase | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Top End Tang/Pin | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5) Insulators | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 6) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

E. RUNNERS

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Whips | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Blocks | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Lower Fitting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5) Upper Fitting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 6) Top End Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 7) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

F. CHECK STAYS**Serviceable****Un-serviceable****Rectified**

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Purchase | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Lower Fitting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Deflectors | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5) Upper Fitting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 6) Top End Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 7) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

G. BABY STAY

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Lower Fitting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Upper Fitting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Top End Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

H. INNER FORESTAY

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Lower Fitting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Upper Fitting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Top End Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

I. JUMPERS

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Lower Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Turnbuckle | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Bend/Tip | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5) Top End Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 6) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

J. JUMPER STRUT

- | | | | |
|------------------|------------------------------|-----------------------------|-------|
| 1) Root | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Structure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Tip Link/Bend | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

K. SPREADERS**Spr. I**

- | | | | |
|------------------|------------------------------|-----------------------------|-------|
| a) Root | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| b) Structure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| c) Tip Link/Bend | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| d) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

Spr. II

- | | | | |
|------------------|------------------------------|-----------------------------|-------|
| a) Root | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| b) Structure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| c) Tip Link/Bend | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| d) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

Spr. III

- | | | | |
|------------------|------------------------------|-----------------------------|-------|
| a) Root | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| b) Structure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| c) Tip Link/Bend | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| d) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

K. SPREADERS (cont'd)**Serviceable****Un-serviceable****Rectified****Spr. IV**

- | | | | |
|------------------|------------------------------|-----------------------------|-------|
| a) Root | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| b) Structure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| c) Tip Link/Bend | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| d) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

L. MAST COMPONENTS

- | | | | |
|--------------------------|------------------------------|-----------------------------|-------|
| 1) Mast Head Unit | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Hounds Box | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Head Stay Nose | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Back Stay Take-Off | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5) External Stiffening | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 6) Fastenings | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 7) Goose Neck | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 8) Vang Take-Off | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 9) Condition at Partners | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 10) Mast Tie-Down | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 11) Heel Plug | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 12) Heel | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 13) Step | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 14) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

M. BOOM COMPONENTS

- | | | | |
|------------------------|------------------------------|-----------------------------|-------|
| 1) Inboard End | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Vang Take-Off | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Outboard End | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Main Sheet Take-Off | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

N. CHAIN PLATES

- | | | | |
|---------------------|------------------------------|-----------------------------|-------|
| 1) Plates/Links | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Tie rods | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Under-Deck Spans | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

HAS RIG BEEN MODIFIED FROM ORIGINAL DESIGN Yes No

If YES, please give details of the work carried out and by whom? _____

COMMENTS: _____

Auckland – Level 1, 152 Fanshawe Street 1010. Tel 0800 88 CLUB (2582) Fax: (09) 309 3002 Email: nzclub@clubmarine.co.nz

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Please read the Club Marine Pleasurecraft Insurance Policy available by phoning 0800 88 CLUB (2582)

or visiting www.clubmarine.co.nz before deciding if this product is right for you.