



(Stamp Your Company Name and Address)

BOAT and YACHT APPRAISAL FORM

BUC's Boat and Yacht Appraisal Form has been designed to assist banks, credit unions, dealers, brokers, surveyors, and others interested in performing a thorough inspection and evaluation of boats, engines, and trailers. It has evolved over many years and includes virtually all the descriptive and equipment items that significantly affect Current Market Value. Because it secures and records a detailed description in a structured way, it is a valuable aid to decision making.

The form is designed to be used in conjunction with the BUCValu Professional online service or the latest BUC Used Boat Price Guides. For appraisals of stock, semi-custom, custom and one-of-a-kind boats and yachts on an individual basis, call BUC and 800-327-6929 after completing this form and request BUC's Personalized Evaluation ServiceSM. The fee for this service can be charged to your credit card or to your account if such has been previously established.

(PLEASE PRINT LEGIBLY)

BOAT DESCRIPTION

● BOAT NAME		RESERVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	EX-NAME		● MANUFACTURER		DESIGNER	
● MODEL YEAR		MFG YEAR		● MODEL NAME/NUMBER		● BOAT TYPE *		● TOP/RIG *
● LENGTH OVERALL		LENGTH WATERLINE		BEAM		DRAFT (MAX)		DRAFT (MIN)
ft. in.		ft. in.		ft. in.		ft. in.		ft. in.
● HULL MATERIAL *		HULL CONFIGURATION *		DECK MATERIAL		SLEEPS		STATE ROOMS
SPEED CRUISE (MPH@RPM)		SPEED MAX (MPH@RPM)		GALS/HR CRUISE		CALC/HR MAX		RANGE (MILES)
@		@				FUEL TANKS (GALS / MTL)		WATER TANK (GAL / MTL)
HULL COLOR		DECK COLOR		● HULL ID # (HIN)		● DOC VESSEL NUMBER		● STATE NUMBER

ENGINE DESCRIPTION

● TYPE *		● # OF ENGINES		● HORSEPOWER EACH		● FUEL TYPE		MANUFACTURER *		MODEL		● MODEL YEAR	
<input type="checkbox"/> OB <input type="checkbox"/> IB						<input type="checkbox"/> GAS							
<input type="checkbox"/> VD <input type="checkbox"/> JET						<input type="checkbox"/> DSL							
HOURS SINCE NEW		HOURS SINCE MAJOR OVERHAUL		OVERHAUL DATE		SERIAL # PORT		SERIAL # STARBOARD					

TRAILER DESCRIPTION

● MANUFACTURER		● MFG YEAR		MODEL		● CAPACITY		● # WHEELS		● TANDEM		TRAILER SERIAL# (VIN)		REGISTRATION #	
										<input type="checkbox"/> YES					
										<input type="checkbox"/> NO					

LOCATION OF BOAT

● MARINA / YARD / STREET ADDRESS / SLIP				● CITY				● STATE				● ZIP				● COUNTRY (if not U.S.)			
DOCKMASTER/CONTACT				CAPTAIN ABOARD				CAPTAIN'S NAME				CAPTAIN'S PHONE (A/C & #)				BOAT PHONE (A/C & #)			
				<input type="checkbox"/> YES															
				<input type="checkbox"/> NO															

OWNER DATA

● OWNER NAME				COMPANY				● HOME PHONE (A/C & #)				● BUS PHONE (A/C & #)							
● ADDRESS				● CITY				● STATE				● ZIP				● COUNTRY (if not U.S.)			
HOMEPORT CITY (if different)				STATE				COUNTRY (if not U.S.)				MARINA							
OWNER IS:																			
<input type="checkbox"/> FORMER CLIENT																			
<input type="checkbox"/> NEW CLIENT - IF NEW, SOURCE OF REFERRAL _____																			

APPRAISER USE ONLY

DATE INSPECTED		INSPECTED BY		STORED:		REASON FOR APPRAISAL:															
						<input type="checkbox"/> INSIDE		<input type="checkbox"/> COVERED		<input type="checkbox"/> DOCSIDE		<input type="checkbox"/> INSURANCE		<input type="checkbox"/> BUY		<input type="checkbox"/> TRADE-IN		<input type="checkbox"/> ESTATE		<input type="checkbox"/> OTHER	
						<input type="checkbox"/> OUTSIDE		<input type="checkbox"/> UNCOVERED		SLIP # _____		<input type="checkbox"/> SURVEY		<input type="checkbox"/> SELL		<input type="checkbox"/> DONATE		<input type="checkbox"/> BROKER LISTING			

ITEMS INDICATED WITH A BULLET (●) ARE MANDATORY FOR PES.

* SEE YOUR BUC USED BOAT PRICE GUIDE, PAGE 1, FOR SUGGESTED ABBREVIATIONS

ACCESSORIES & EQUIPMENT ON BOARD

Check the box to the left of each item to indicate that the vessel you are appraising has this item. Check a box to the right to indicate whether the item should be repaired or replaced, and insert the cost to repair or replace. Checking the box to the left and not checking either repair or replace will indicate that the item exists on the vessel and is in functional condition. The blank spaces for manufacturer, model, size, number, etc. for some items can be completed at your option. If you elect to use BUC's Personalized Boat Evaluation ServiceSM, it may be desirable to provide this information since the precision of BUC's Evaluation may depend on such detailed information.

ACCOMMODATIONS & FURNISHINGS

Overall Condition:	<input type="checkbox"/> Mint	<input type="checkbox"/> Above Average	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Repair	Replace	S
						↓	↓	
<input type="checkbox"/> Carpets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Cushions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Dinette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Furniture: Chairs (#) _____ Tables(s) (#) _____ Sofa(s) (#) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Head(s): (#) _____; <input type="checkbox"/> Overboard <input type="checkbox"/> Recirc <input type="checkbox"/> Hold; <input type="checkbox"/> Elec <input type="checkbox"/> Man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Helmseat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Insulation: <input type="checkbox"/> Thermal <input type="checkbox"/> Acoustical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Owner & Guest Berths: (#) _____ Staterooms: (#) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Master Stateroom is: <input type="checkbox"/> Fwd <input type="checkbox"/> Aft <input type="checkbox"/> Amidship; has <input type="checkbox"/> Head <input type="checkbox"/> Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Tub; with: <input type="checkbox"/> King <input type="checkbox"/> Queen <input type="checkbox"/> Double <input type="checkbox"/> Twin <input type="checkbox"/> Vee Berths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Guest Berths (#) _____ Guest Heads (#) _____ Guest Showers (#) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Crew Berths (#) _____ Crew Heads (#) _____ Crew Showers (#) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Separate Captain's Quarters: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Conv Dinette Sleeps (#) _____ <input type="checkbox"/> Conv Settee Sleeps (#) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Stereo <input type="checkbox"/> Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Video Recorder <input type="checkbox"/> Wet Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

GALLEY & LAUNDRY

Overall Condition:	<input type="checkbox"/> Mint	<input type="checkbox"/> Above Average	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Repair	Replace	S
						↓	↓	
<input type="checkbox"/> Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Clothes Washer <input type="checkbox"/> Clothes Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Galley: <input type="checkbox"/> Up <input type="checkbox"/> Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Ice Maker: Mfg/Mdl _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Refrigeration: <input type="checkbox"/> Refrigerator <input type="checkbox"/> Ice Box <input type="checkbox"/> Deep Freeze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Stove: <input type="checkbox"/> Alcohol <input type="checkbox"/> Propane/Butane <input type="checkbox"/> Elec w/o Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Electric w/Oven <input type="checkbox"/> Microwave Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Water Maker: Mfg _____ Capacity (gals) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Water System: <input type="checkbox"/> Pressure <input type="checkbox"/> Manual <input type="checkbox"/> Dockside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Trash Compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ELECTRONICS & NAVIGATION

Overall Condition:	<input type="checkbox"/> Mint	<input type="checkbox"/> Above Average	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Repair	Replace	S
						↓	↓	
<input type="checkbox"/> Auto Pilot: Mfg/Mdl _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Compass(es) (#) _____ Size (1) _____ Size (2) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Depth Sounder: <input type="checkbox"/> Flasher/Digital <input type="checkbox"/> Recording: Mfg _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Direction Finder: Mfg/Mdl _____ <input type="checkbox"/> Auto (ADF) <input type="checkbox"/> Man (RDF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Hailer <input type="checkbox"/> Intercom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Loran: Mfg/Mdl _____ <input type="checkbox"/> Auto Track <input type="checkbox"/> Interface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Navigation Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Radar: Mfg/Mdl _____ Range (miles) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Radios: <input type="checkbox"/> CB; <input type="checkbox"/> VHF: Mfg/Mdl _____ Channels _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> SSB: Mfg/Mdl _____ Channels _____ Watts _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Rudder Indicator <input type="checkbox"/> Wind Speed Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Satellite Navigation: Mfg/Mdl _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Synchronizers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Speed & Distance Logs: Mfg/Mdl _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ELECTRICAL EQUIPMENT

Overall Condition:	<input type="checkbox"/> Mint	<input type="checkbox"/> Above Average	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Repair	Replace	S
						↓	↓	
<input type="checkbox"/> Air Cond: Mfg _____ BTUs _____ <input type="checkbox"/> Reverse Cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Batteries: (#) _____; Amp Hours: _____; <input type="checkbox"/> Battery Parallel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Battery Charger: <input type="checkbox"/> Auto <input type="checkbox"/> Man; _____ AMPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Electrical System: Ship <input type="checkbox"/> 12V <input type="checkbox"/> 24V <input type="checkbox"/> 32V; Shore <input type="checkbox"/> 110 <input type="checkbox"/> 220	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Dockside Electrical Cable(s) <input type="checkbox"/> Constavolt (Converter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Generator: Mfg _____ KW _____ Hours _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Heater Only (Separate from A/C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Switches, Fuses, Circuit Breakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Wiring Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

DECK & SAFETY

Overall Condition:	<input type="checkbox"/> Mint	<input type="checkbox"/> Above Average	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Repair	Replace	S
						↓	↓	
<input type="checkbox"/> Anchor(s) w/Lines: (#) _____; <input type="checkbox"/> Anchor Davit(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Bilge Blower(s): (#) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Bilge Pump(s): (#) _____ <input type="checkbox"/> Auto <input type="checkbox"/> Man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Bow Rails <input type="checkbox"/> Side Stanchions w/Lifelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Canvas Covers: <input type="checkbox"/> Winter <input type="checkbox"/> Mooring <input type="checkbox"/> Drop Curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Enclosed Curtains <input type="checkbox"/> Bimini Top <input type="checkbox"/> Dodger <input type="checkbox"/> Cockpit Awning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Flybridge Curtains <input type="checkbox"/> Camper Top	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> CG Package: (Anchor, Bell, Compass, Cushions, Fenders, Flares, Horn, Jackets, and Lights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Deck Wash Down System: <input type="checkbox"/> Fresh Water <input type="checkbox"/> Salt Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Dinghy Davits: <input type="checkbox"/> Elec <input type="checkbox"/> Man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Dinghy <input type="checkbox"/> Raft: Mfg _____ LOA _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Eng _____ HP _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Docking Lights: <input type="checkbox"/> Transom <input type="checkbox"/> Bow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Fenders and Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Fire System: <input type="checkbox"/> CO ² <input type="checkbox"/> Halon; <input type="checkbox"/> Auto <input type="checkbox"/> Man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Life Jackets & Life Rings: (#) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Rails & Lifelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Search Lights: <input type="checkbox"/> Single <input type="checkbox"/> Dual; <input type="checkbox"/> Remote Control: <input type="checkbox"/> Manual <input type="checkbox"/> Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Swim Platform <input type="checkbox"/> Swim (Boarding) Ladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Windlass <input type="checkbox"/> Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

COST TO REPAIR/REPLACE COLUMN 1 (line B page 3) \$ _____

FISHING EQUIPMENT

Overall Condition:	<input type="checkbox"/> Mint	<input type="checkbox"/> Above Average	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Repair	Replace	S
						↓	↓	
<input type="checkbox"/> Bait Freezer <input type="checkbox"/> Cockpit Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Downriggers <input type="checkbox"/> Fish Gear & Tackle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Fish Box <input type="checkbox"/> Live Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Fishing Chairs: (#) _____ Mfg _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Outriggers: Mfg _____ Length(ft) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Rods (#) _____; <input type="checkbox"/> Reels (#) _____; <input type="checkbox"/> Rod Holders (#) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Tuna Tower or Half Tower: Mfg _____ Height (ft) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Transom Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SAILS & RIGGING

Overall Condition:	<input type="checkbox"/> Mint	<input type="checkbox"/> Above Average	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Repair	Replace	S
						↓	↓	
<input type="checkbox"/> Cruising Equipped <input type="checkbox"/> Racing Equipped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Rigging: Material _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Roller Furling, Make/Type: (Main, Jib, etc) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Sails: <input type="checkbox"/> Dacron <input type="checkbox"/> Nylon: (#) _____ Types: <input type="checkbox"/> Main <input type="checkbox"/> Jib <input type="checkbox"/> Spinnaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> (#) 1 Genoa <input type="checkbox"/> (#) 2 Genoa <input type="checkbox"/> Mizzen <input type="checkbox"/> Staysail;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mfg of most: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Winches: (#) _____ Mfg of most: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ENGINE / ENGINE ROOM / CONTROLS / DRIVE

Overall Condition:	<input type="checkbox"/> Mint	<input type="checkbox"/> Above Average	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Repair	Replace	S
						↓	↓	
<input type="checkbox"/> Bow Thrusters: Mfg/Mdl: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Clutch: <input type="checkbox"/> Mechanical <input type="checkbox"/> Hydraulic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Controls: <input type="checkbox"/> Cabin <input type="checkbox"/> Cockpit <input type="checkbox"/> Bridge <input type="checkbox"/> Tower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Side Console <input type="checkbox"/> Center Console	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<				

CALCULATION SECTION

CURRENT BUC PRICE (Adjusted for Area only) \$ _____ (A)

Cost to Repair/Replace (column 1 on page 2) \$ _____ (B)

Cost to Repair/Replace (column 2 on page 2) \$ _____ (C)

Total Cost to Recondition Boat for Resale (Add B to C) \$ _____ (D)

CURRENT RESALE VALUE (Subtract D from A) \$ _____ (E)

ALLOWANCE FOR PROFIT ON RESALE
(estimated storage, advertising, insurance, profit, and other overhead) \$ _____ (F)

ACTUAL CASH ALLOWANCE/TRADE-IN VALUE (Subtract F from E or multiply E x .75) \$ _____ (G)

NOTE: The current BUC price is a price for a GOOD BOAT, ready for sale *WITHOUT ANY ADDITIONAL WORK*. See complete definition of BUC Condition in the latest edition of BUC's Used Boat Price Guide.

TO ORDER BUC'S PERSONALIZED BOAT EVALUATION SERVICESM

●INDIVIDUAL NAME	COMPANY NAME	●PHONE #	●FAX #
●ADDRESS	●CITY	●STATE	●ZIP
			●COUNTRY (if not U.S.)
ARE YOU THE BOAT'S OWNER	REASON FOR EVALUATION	<input type="checkbox"/> I UNDERSTAND THAT BUC DOES NOT PROVIDE EXPERT WITNESSES	EVALUATION DATE YOU REQUIRE
<input type="checkbox"/> YES	<input type="checkbox"/> INSURANCE <input type="checkbox"/> SURVEY <input type="checkbox"/> BUY <input type="checkbox"/> LEGAL	●(Please initial)	<input type="checkbox"/> CURRENT DATE
<input type="checkbox"/> NO	<input type="checkbox"/> DONATION <input type="checkbox"/> ESTATE <input type="checkbox"/> SELL <input type="checkbox"/> OTHER		<input type="checkbox"/> PAST DATE

I understand that this request for the BUC Personalized Boat Evaluation ServiceSM is being made for my use and for no other purpose. I further understand that the final report shall contain the following language and I am making this request subject to the following:

The vessel is to be evaluated using the BUC Personalized Boat EvaluationSM Software and the BUCVALUSM database of Boat Sales Reports. BUC will take all reasonable steps to ensure the completeness and accuracy of this report. However, for various reasons, including the subjective nature of vessel evaluations and the possibility of incomplete or inaccurate information regarding comparable vessels and sales thereof, BUC does not make any warranties whatsoever regarding this report, and BUC EXPRESSLY DISCLAIMS ALL WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. The report merely presents an estimated valuation for the vessel noted based on the exact specifications indicated in the request and only as of the report date. If the specifications are incorrect or have changed subsequent to the date of the report, even slightly, a new evaluation should be obtained. Any liability arising out of the preparation and submission of a report by BUC is limited to a refund of the evaluation fee actually paid to BUC. BUC does not provide expert witness testimony. Acceptance of this report constitutes acceptance of the aforesaid terms, conditions and limitations.

SIGNATURE

DATE

The BUC Personalized Boat Evaluation ServiceSM helps to establish market values as of a given date. The fee is \$25 plus \$1.25 per foot for each vessel. To determine values for more than one date requires a surcharge fee of forty dollars (\$40) for each additional date. Normal turnaround time is 3-5 business days. **There is a surcharge fee of fifty dollars (\$50) for 1 business day service.** Expedited service is contingent upon the availability of our research staff.

TO ORDER BY MAIL: Complete this form and send your check for the full amount due to BUC International Corp, 1314 NE 17th Ct, Fort Lauderdale, FL 33305. Staple the check to this form before folding and mailing; or provide your credit card information as follows:

My Card is: MasterCard American Express Visa

Card Number: _____ Name on Card: _____ Exp. Date: _____

TO ORDER BY FAX (954-561-3095): Thoroughly complete this form before faxing. Prepayment is required, provide your credit card information above.