

Work Order - REQUEST FOR VESSEL SURVEY, PERMISSION TO BOARD, & DISCLAIMER

Allport Marine Survey -11310 Tillicum Dr. - Anderson Island, WA 98303 - 253-405-8324

Client / Date / Location _____

Year / Mfg. / Model _____

Vessel Name / Number _____

Address _____

City / Zip _____

Phone / Fax / Email _____

Once the report is complete, it may be emailed. Initial Here: _____ ←

I am the: Owner _____ Potential Purchaser _____ Owner's Rep. _____ Other _____

Purpose: Condition and Valuation _____ Insurance _____ Other _____

SCOPE of Work: I, Tony Allport, am committed to providing thorough and accurate surveys which meet or exceeds the industry standard. The applicable mandatory and voluntary standards set forth by the U.S. Code, the Code of Federal Regulations, American Boat and Yacht Counsel and the National Fire Protection Association are used to inspect this vessel. This survey is limited by time, accessibility, and other circumstances. The report represents the condition and valuation of the vessel on the date(s) of survey only, and is not to be construed to be a guarantee of future operation or condition.

Only reasonably accessible areas of the vessel will be surveyed. No inspection will be made of areas that are inaccessible, or the internal parts of the engine. The owner or their representative may do equipment power-up and testing, witnessed by the surveyor. No machinery will be operated by the undersigned. No sea trial is included unless expressly requested and contracted separately.

Your report is CONFIDENTIAL & PROPRIETARY and for your use only. The services rendered and the report are provided with the distinct understanding that the marine surveyor is not responsible or liable under any circumstances whatsoever for any error, negligence or failure to properly perform the requested services and that all matters and statements contained in the report constitute statements of opinion only, and are not to be construed as representations, warranties or guarantees and that no statements made or in connection herewith shall be a basis for any claim, demand or action against the marine surveyor. It is understood the undersigned surveyor does not carry Errors and Omissions Insurance. If, there is any dissatisfaction with the services provided, it is understood that the sole remedy will be the return of the fee paid. *Under no circumstances will the compensation exceed the fee paid for the survey.* The undersigned surveyor reserves the right to amend or add to the final survey report when additional pertinent information is presented.

SURVEY Fees: You have been quoted \$ _____ as payment for your survey and report, *due and payable at the time of inspection* (plus round trip air fare/transportation, expenses, travel time at \$70/hour or by quote), plus accommodations if required. This figure represents up to _____ hours of service on site for your vessel. **Sea Trial:** \$ _____ Initials: _____

Additional Time: Each additional hour required will be billed at \$75. Should any special circumstances arise which would require additional time or service, the cost will be discussed and the fees adjusted appropriately (unexpected travel, significant delays, additional consultation time, etc.). An advanced retainer may be required for inspections requiring travel and additional expenses.

Abandoned Survey: Likewise, should the survey itself, be shortened / abandoned due to significant unsatisfactory findings, a minimum charge of \$ _____, plus expenses incurred, will be charged and no written report will be prepared.

Cancellation Fee: If for any reason, this service is cancelled prior to the on-site inspection, a minimum Fee of \$125, plus any expense and reimbursement, will be charged. The surveyor reserves the right to waive the cancellation fee. Cancellation Fee \$ _____

Copy on CD: \$12.00 _____ Initial Here: _____ ←

Following my review and under my direction, I authorize Tony Allport, to release a copy of the report to the following entities. (Optional):

Financial Institution _____ Initials: _____ ←

Insurance Company _____ Initials: _____ ←

This request for survey will be construed to be acceptance of the above conditions. I have read, understand and agree to the stated terms. **Payments are Due and Payable, in advance in US funds.** **TOTAL FEE:** _____

Payment Method: _____

Signed _____ Date: _____, 2008

NOTE: The survey report will be mailed approximately seven (7) day to ten (10) from the date of the survey and will be mailed to the above address unless otherwise indicated. Additional faxed copies will be charged at \$15 per copy for local and \$20 each for Long Distance. Rush services are available by pre-arrangement. Minimum rush charge is \$75.00. Additional hard copies are \$45.00 each. Duplicate Originals are by Quote.

Tony Allport _____ Date: _____, 2008

TONY ALLPORT, Surveyor Associate®, SAMS® ABYC Accredited

Member S.A.M.S. (Society of Accredited Marine Surveyors), ABYC (American Boat & Yacht Council),