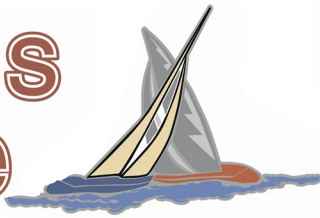


Coneys Marine



32 New York Avenue
Huntington NY 11743
call (631) 421-3366

www.coneys.com
info@coneys.com
fax (631) 549-7392

TRADE APPRAISAL FORM

Complete both sides of this form and sign.
Please list the year of any updates and the brand if applicable.

HULL Manufacturer: _____ Model: _____ Year: _____
Boat Name: _____ Hull Color: _____ Deck Colors: _____
Keel Type: Wing Shoal Fin Full Centerboard

SPECIFICATIONS
LOA: _____ ft. _____ in.
LWL: _____ ft. _____ in.
Beam: _____ ft. _____ in.
Draft: _____ ft. _____ in.
Displacement: _____ lbs.
Ballast: _____ lbs.
Sail Area: _____ sq. ft.
Designer: _____

SAIL INVENTORY AND GEAR Sail Age: _____
Mainsail Dutchman Full Batten Lazy Bag Mainsail Cover Jib Sail
Storm Jib #1 Genoa Sail #2 Genoa Sail
Spinnaker Spinnaker Pole & Gear
Cruising Spinnaker Sail Whisker Pole
Furling System: Genoa Staysail Main / Harken Hood Stream Stay Cruise Design
of Deck Winches _____ Lewmar Bariant Barlow Size _____ Selftailing
of Mast Winches _____ Lewmar Bariant Barlow Size _____ Selftailing
Aft Lead Halyards Aft Lead Reefing

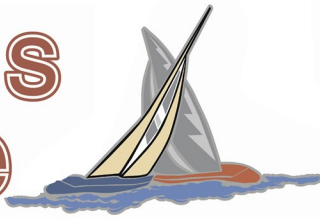
STEERING SYSTEM
Wheel Brake
Pedestal Guard Tiller:
Hiking/Tiller Extension

ENGINE Engine Hours: _____
Make: _____ Model: _____ HP: _____
Fresh Water Cooled Diesel Gas Inboard Outboard
Gen/Set Make: _____ Comments: _____

ELECTRONIC EQUIPMENT *List brand and year if known*
Depth _____ Knot _____ VHF Radio _____ Compass _____
Stereo _____ Wind Speed _____ Wind Direction _____
Auto-Pilot _____ MFD _____ Radar _____ AIS _____
Other: _____

ACCOMODATIONS Layout Type Dinette Traditional Headroom _____ ft. _____ in.
Aft Cabin Sleeps _____ Quarter Berth Pilot Berth
of Heads _____ manual marine portable electric Y Valve for Head Head forward aft
Holding Tank Holding Tank Pumpout # of Head Sinks _____ # of Galley Sinks _____
Stove # of Burners _____ Oven propane Alcohol CNG
Ice Box Refrigerator Portable Ice Cooler Water System cold hot manual pressure
Head Shower Cockpit Shower Chart Table Transom Swim Platform
Comments: _____

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TRADE APPRAISAL FORM

Trade #: _____

continued from other side

| | | | |
|--|---------------------------------------|--|-------------------------------|
| ELECTRICAL SYSTEM | # of Batteries _____ | Shore Power <input type="checkbox"/> | Cord <input type="checkbox"/> |
| Battery Charger <input type="checkbox"/> | Bow Thruster <input type="checkbox"/> | Air Conditioner <input type="checkbox"/> | # of AC zones: _____ |
| Other: _____ | | | |

| | | | | | |
|--|---|--|---|---|-------------------------------|
| EQUIPMENT AND RUNNING GEAR | Bow Rail <input type="checkbox"/> | Life lines single <input type="checkbox"/> double <input type="checkbox"/> | Stern Rail <input type="checkbox"/> | | |
| Anchor Well <input type="checkbox"/> | Anchor Roller <input type="checkbox"/> | Anchor Windlass <input type="checkbox"/> | Anchor & Line <input type="checkbox"/> | Davits <input type="checkbox"/> | |
| Dock Lines <input type="checkbox"/> | Fenders <input type="checkbox"/> | Flares <input type="checkbox"/> | Boat Hook <input type="checkbox"/> | Bilge Pump <input type="checkbox"/> | Horn <input type="checkbox"/> |
| Fire Extinguisher <input type="checkbox"/> | Life Jacket <input type="checkbox"/> | Backstay Adjuster <input type="checkbox"/> | Dinghy <input type="checkbox"/> | Swim Ladder portable <input type="checkbox"/> built-in <input type="checkbox"/> | |
| Cockpit Table <input type="checkbox"/> | Barometer <input type="checkbox"/> | Oil Lamp <input type="checkbox"/> | Ship's Clock <input type="checkbox"/> | Cockpit Dodger <input type="checkbox"/> | |
| Sun Awning <input type="checkbox"/> | Bimini w/frame <input type="checkbox"/> | Carpeting <input type="checkbox"/> | Custom Fitted Cockpit Cushions <input type="checkbox"/> | | |
| Comments: _____ | | | | | |
| _____ | | | | | |

| |
|---|
| PLEASE FILL OUT BELOW |
| Owner's Name: _____ |
| Address: _____ |
| Home Phone: _____ Cell Phone: _____ |
| Boat Location: _____ Key <input type="checkbox"/> Combo: _____ |
| Boat ID Hull#: _____ |
| Boat Registration Number: _____ |
| Documentation #: _____ |
| Is there a loan on the boat? <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Loan Balance: _____ |
| Name of Bank: _____ |
| Bank Address: _____ |
| Bank Phone: _____ Account Number: _____ |

Owner's Estimated Value: _____

| |
|--------------------------|
| Owner's Signature: _____ |
| Date: _____ |