

**NORTH SOUND MARINA - VESSEL HAUL OUT FORM**

Questions marked with an \* are mandatory and must be completed

**1. CUSTOMER DETAILS\***

Owners Full Name	<input type="text"/>	Cell Phone <input type="text"/>
Email Address	<input type="text"/>	
Postal Address 1	<input type="text"/>	
Postal Address 2	<input type="text"/>	
City	<input type="text"/>	
Zip/Postcode	<input type="text"/>	
		Home Phone <input type="text"/>
		Work Phone <input type="text"/>

Captains Full Name	<input type="text"/>	<input type="checkbox"/> Same as Owner
Email Address	<input type="text"/>	
Cell Phone	<input type="text"/>	

Agents Full Name	<input type="text"/>
Email Address	<input type="text"/>
Cell Phone	<input type="text"/>

**2. VESSEL DETAILS\***

Vessel Name	<input type="text"/>
Type of Boat	<input type="text"/>
Hull (Mono/Multi)	<input type="text"/>
Keel Type / Length(ft)	<input type="text"/>
Length (ft)	<input type="text"/>
Beam	<input type="text"/>
Draft	<input type="text"/>
Weight (tonnes)	<input type="text"/>

**3. INSURANCE INFORMATION - MUST BE RECEIVED BEFORE HAUL OUT \***

Please list Insurance details below and provide a copy of Insurance Document.

Insurer: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Insurance Liability Limit \_\_\_\_\_  
 Expiry Date: \_\_\_\_\_  
 Please check you have valid insurance cover afloat/ashore

**4. HAUL OUT DATES**

Earliest/Latest haul out date \_\_\_\_\_

Where possible, we will endeavour to give you the earliest date requested. Please allow at least seven working days between these dates.

**5. HAUL OUT INSTRUCTIONS**

Are the lifting locations clearly marked?    
 Yes No

*PLEASE NOTE: In the absence of any lifting marks we will use our best judgement. No liability can be accepted for any consequential damage. **ADDITIONAL FEE FOR DIVER SERVICES.***

Please indicate which drive you have\*

Outdrive  Sail drive  
 No under hull drive  Shaft drive

Please tick as appropriate - Charges apply at published rates

- Haul out and shore up/chock on stands
- Haul out onto owner's trailer
- Haul out and place in hired NSM cradle *A monthly hire charge applies*
- Haul out and place in owner's cradle *Owner's cradle must be in satisfactory condition. If cradle is found to be unsatisfactory, a yard cradle will be used at an additional cost.*
- Haul out and remain in travel lift sling *Additional charges apply*
- Pressure wash bottom

**6. STORAGE**

Total Days of Outdoor Storage Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Total Days in Travel Lift Sling Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Total Days Indoor Storage Dates: From \_\_\_\_\_ To \_\_\_\_\_

**7. TENDER STORAGE/OTHER ITEMS FOR STORAGE**

Item Description	
Type (if tender)	
Manufacturer	
Length (ft)/Dimensions	
Engine Details (if tender)	

Indoor Storage Dates: From \_\_\_\_\_ To \_\_\_\_\_

**8. MASTS & RIGGING**

Tick all that apply

- Mast to be removed and stored ; Indoor or Outdoor \_\_\_\_\_
- Unstep mast – to be done by Mast & Rigging Service Contractor
- Mast to be stored with spreaders attached. Mast width with spreaders \_\_\_\_\_
- Leave mast in situ (long / fin / lifting keel must have cradle / beaching / legs)

Mast Weight & Length (ft)	
Mast wood/aluminium/carbon fibre	

- Mast & Rigging Services to disconnect mast electrics: whom: \_\_\_\_\_
- Carry out mast electrical safety check : whom: \_\_\_\_\_
- Owner to disconnect

*Mast & Rigging Services are provided by external contractors and will be invoiced directly from them. If you would like them to carry out your rigging work, please complete their Rigging Haul Out Instructions Form and either return it to them direct or, if you prefer, return it to us with this form and we will pass it to their office for you*

**9. WATER / SHORE POWER / ELECTRICITY CONNECTION\***

Shore power/Electricity is available to all vessels ashore or moored. Customers CANNOT make a standard connection themselves. If you require us to connect your vessel for you please indicate below. **CUSTOMERS MUST PROVIDE POWER CORD TO NSM BOATYARD SUPERVISOR.** . For set up or hire of any equipment please see section 10.

- NSM to connect the vessel to shore electricity
- NSM to connect the water to the vessel

Tick Electricity/Power required

- 120 Volts
- 240 Volts
- Other \_\_\_\_\_ Specify Amps \_\_\_\_\_

**10. EQUIPMENT HIRE**

Equipment is available to hire from North Sound Marina - hire charges apply.

- Supply electricity cable
- Tools
- Other Specify \_\_\_\_\_

**11. SHRINK WRAPPING**

Plastic wrap film is used to completely protect stored items of all sizes from the elements during storage.

Tick the box to request a quote

- Please send me a quote for plastic wrapping     Please plastic wrap stored item on pallet

**12. MOORING**

- Vessel to be moored along seawall    Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Stern to  
 Full length of Seawall

**13. ADDITIONAL YARD INSTRUCTIONS**


**14. ADDITIONAL SERVICE WORK**

Please provide details of any other areas of work you require on your vessel, to include engineering, electrical, GRP, painting and woodwork. The relevant service forms will provided and quoted separately.


**15. IMPORTANT INSTRUCTIONS FOR CUSTOMERS\***

Important Instructions for Customers\*

- Please ensure boat name is clearly visible on hull/cradle/trailer and tender  
 Please ensure all gas bottles are turned off and disconnected in preparation for storage (**mandatory**)  
 Please indicate whether boat keys will be left with NSM office after haul out

**16. METHOD OF PAYMENT\***

VISA  WIRE TRANSFER  CASH   
MASTER CARD  BANK DRAFT  CHEQUE

Per NSM's company policy, it is **mandatory** that the owner, master/agent of the vessel provide valid credit card information along with one valid form of Government ID.

Credit Card number: \_\_\_\_\_  
Credit Card expiry date: \_\_\_\_\_  
Name on Credit Card: \_\_\_\_\_

**17. CONFIRMATION\***

I am aware of and agree to the tariffs applicable to the services and supplies I require. I hereby instruct North Sound Marina Ltd and/or its contractors to carry out the work detailed above and have read and agreed to the Terms of Business and the North Sound Marina regulations.

\_\_\_\_\_  
Signature of individual completing form:\*

\_\_\_\_\_  
Name and position of individual completing form\*

\_\_\_\_\_  
Date\*