

LETTER OF COMPLIANCE OF MARINE SURVEY RECOMMENDATIONS

INSURED NAME:

VESSEL NAME:

SURVEYOR & DATE OF SURVEY:

I certify, as Owner of the above vessel, that all recommendations pertaining to the above vessel contained within the detailed survey submitted herein have been complied with, other than those listed below, along with the date of expected completion:

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Details of Boat Yard or Repair Facility Employed

Contact:

Address:

WARNING: Underwriters insists upon the vessel being in seaworthy condition at all during the policy period and failure to maintain the vessel in such condition may result in voiding the policy regardless of any cause or link to any loss giving rise to a claim.

Signed	
Name	
Date	

