Letter of Survey Recommendations Compliance

Assured Name:

Assured Address:

Policy Number:

Surveyor and Date of Survey:

Vessel:

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 (please reference the recommendation number as detailed on the survey where appropriate);

Outstanding Recommendation (s)	Expected Completion Date

Details of Boat Yard or Repair Facility Employed:

Contact: _____

Address:_____

_____

WARNING:

Any misrepresentation in this letter of compliance may render insurance coverage null and void from inception.

Assured Signature: _____

Date:_____