

SURVEY RECOMMENDATION COMPLIANCE

Insured:

Vessel:

Date of Notice:

Survey Date:

*Please sign, date and return this document within forty-five (45) days of the date of notice.

A condition and valuation survey was recently completed on your vessel where the surveyor has made recommendations. It is important that you comply with all items. As a condition of coverage, your insurer requires a written statement verifying compliance with the recommendations listed on your survey.

I agree that coverage for a claim will be denied if the cause of the loss can be related to or traced in any way to non-compliance with any or all recommendations made on the above-referenced survey.

_____ Yes, all survey recommendations have been completed.

_____ No, all survey recommendations have not been completed. The list below shows those recommendations completed and the date when the remaining recommendations will be completed.

Recommendations Completed:

Recommendations not yet completed (show date when they will be completed):

Signature: _____ Date: _____