

**Letter of Compliance of Marine
Survey Recommendations**

*Assured
Address*

Policy Number:

Surveyor & 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:

Details of Boat Yard or Repair Facility Employed:

Contact:

Address:

Signed: Yacht

Owner: _____

Date: _____

WARNING:

Underwriters insist upon the vessel being in seaworthy condition at all times 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.