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LETTER OF COMPLIANCE FOR MARINE SURVEY RECOMMENDATIONS

INSURED INFORMATION

Named Insured: _____ Policy Number: _____

CERTIFICATION

On _____, 20____, the Marine surveying firm of _____
(Name of Surveyor or Surveying Company)

conducted a survey at _____ on the following vessel:
(Location of Survey)

Vessel Name: _____ Hull#/Documentation #: _____

Vessel Year: _____ Vessel Type: _____ Vessel Length: _____

I certify, as owner of the above vessel, that all recommendations on the above mentioned survey have been complied with to the satisfaction of the above noted surveyor. Any recommendations not yet completed are listed below along with a due date of completion.

RECOMMENDATION TO BE COMPLETED

DUE DATE

- | | |
|-----------|-------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |
| 5) _____ | _____ |
| 6) _____ | _____ |
| 7) _____ | _____ |
| 8) _____ | _____ |
| 9) _____ | _____ |
| 10) _____ | _____ |

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

Vessel Owner's Signature: _____ Date: _____