

## Survey Recommendation Compliance Statement

Insured: \_\_\_\_\_

Vessel: \_\_\_\_\_

Surveyed By: \_\_\_\_\_

Date of Survey: \_\_\_\_\_

The recommendations of the above noted survey have all been complied with.

The recommendations of the above noted survey have all been complied, the only exceptions being items marked\_\_.

These remaining items will be taken care of by: \_\_\_\_\_.

**Notice to Policyholder:**

**This information will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon this information. Any misrepresentations of concealment in this statement will render the insurance coverage null and void from inception.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Brokerage Firm: \_\_\_\_\_

Broker Fax #: \_\_\_\_\_

Broker Signature: \_\_\_\_\_

Date: \_\_\_\_\_