

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: _____