

**SURVEY RECOMMENDATION COMPLIANCE STATEMENT**

Policy No.: \_\_\_\_\_

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

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

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

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

Have the recommendations of the above noted survey all been complied with?  YES  NO

If NO, explain in detail which items have not been completed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

These remaining items will be taken care of no later than: \_\_\_\_\_

**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 or concealment in this statement will render the insurance coverage null and void from inception.**

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

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

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

Brokerage Signature: \_\_\_\_\_

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