



RECOMMENDATIONS COMPLIANCE STATEMENT

DATE: _____

INSURED: _____

VESSEL: _____

Please indicate with an "X" for the paragraph that applies:

_____ All recommendations as stated on the _____ survey dated _____ have been corrected or replaced as necessary to bring the vessel into insurance compliance.

_____ Recommendations listed below from the _____ survey dated _____ have been corrected or replaced as necessary to bring the vessel into insurance compliance. (Attached separate sheet if necessary):

The remaining recommendations are expected to be completed by: _____

Insured's Signature: _____ Date: _____