

**Letter of Compliance
of
Marine Survey Recommendations**

Policy Number:

Named Insured:

On ___/___/____, the marine surveying firm of _____,

conducted a survey of the following vessel _____.

I certify, as owner of the above vessel, that all recommendations of the above survey have been complied with to accepted Marine Standards and Practices. Any recommendation(s) not yet completed, are listed below, along with the date of expected completion.

I understand that coverage for a claim may be denied, if the cause of the loss results from or is caused by non-compliance of any or all of the recommendations made on the above captioned survey.

Policy Holder Signature: _____

Date: _____

Compliance

American Marine Insurance
410 Bryant Circle, Suite B
Ojai, CA 93023