

LETTER OF COMPLIANCE FOR MARINE SURVEY RECOMMENDATIONS

INSURED INFORMATION

Named Insured: _____ Policy Number: _____

CERTIFICATION

On _____, 20____, the Marine surveying firm of _____
(Name of Surveyor or Surveying Company)

conducted a survey at _____ on the following vessel:
(Location of Survey)

Vessel Name: _____ Hull#/Documentation #: _____

Vessel Year: _____ Vessel Type: _____ Vessel Length: _____

I certify, as owner of the above vessel, that all recommendations on the above mentioned survey have been complied with to the satisfaction of the above noted surveyor. Any recommendations not yet completed are listed below along with a due date of completion.

	RECOMMENDATION TO BE COMPLETED	DUE DATE
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____
6)	_____	_____

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's
Signature: _____ Date: _____
Print Name: _____ Title: _____