

LETTER OF COMPLIANCE WITH MARINE SURVEY RECOMMENDATIONS (LOC)

Insured Name:

Policy Number:

Vessel Name:

Date of Survey:

Vessel Make / Model:

I hereby certify that all recommendations pertaining to the above-named vessel, as contained within the survey, have been fully complied with.

Any recommendations from the survey report that have **not** been complied with are listed below along with the date these will be completed:

Signed:

Date:

