



ace recreational
marine insurance

SURVEY RECOMMENDATION COMPLIANCE CERTIFICATION

Owner: _____ Policy/Quote #: _____

Vessel: _____ Date: ___ / ___ / ___
(Year, Length, Make, Model and VIN #)

Surveyor: _____ Survey Date: ___ / ___ / ___

Dear Mr./Mrs. _____;

It is hereby warranted and agreed that there shall be no coverage under the policy for any loss, damage, cost, expense, accident or occurrence caused by or related to your failure to complete the following recommendations by stated date(s):

(More than one may be selected)

- All recommendations: By ___ / ___ / ___ (mm/dd/yyyy)
- All recommendations labeled: _____
By ___ / ___ / ___ (mm/dd/yyyy)
- Recommendation number(s): _____
By ___ / ___ / ___ (mm/dd/yyyy)
- Recommendation number(s): _____
Prior to navigation but not later than ___ / ___ / ___ (mm/dd/yyyy).

Thank you;

ACE Recreational Marine Insurance

Contact your insurance agent with questions regarding this form or company requirement of survey recommendation compliance.
Please complete the remainder of this form, retain a copy for your records and return the original to your agent.

I, _____, hereby certify that:
(please print your name)

(Select one of the following):

- I have complied with **ALL** required survey recommendations (as identified above by the company).
- I have complied with **ALL** required survey recommendations (as identified above by the company), except:

<u>Rec.#</u>	<u>Reason</u>	<u>Expected Completion Date</u>
_____	_____	___ / ___ / ___
_____	_____	___ / ___ / ___
_____	_____	___ / ___ / ___

(please print. If more space is needed, please use another page)

Owner Signature: _____ Date: ___ / ___ / ___
(mm/dd/yyyy)

Agency/Name: _____

Agency Address: _____ Fax #: (____) _____ - _____

City/State/Zip: _____ State: ___ Zip: _____ Email: _____