



Yacht Program Letter of Compliance Marine Survey Recommendations

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AGENT INFORMATION

Date:

Agency Name			Sub / Broker Name		
Agency Code #	Email	Phone #	Sub / Broker Code #	Fax #	Phone #

NAMED INSURED(S) INFORMATION

First Name	Last Name
Policy Number	Policy Effective Date

WATERCRAFT INFORMATION

Model Year	Manufacturer and Model	Hull ID Number

SURVEY INFORMATION

Survey Firm Name	Date of Survey

NAMED INSURED(S) CERTIFICATION

I / We certify, as the owner(s) of the above vessel, that:

1. The company's issuance of a policy was contingent upon a review and acceptance of the marine survey, and the completion of recommendations and deficiencies of the marine survey.
2. All recommendations and deficiencies within the survey pertaining to safety, integrity of the hull and machinery, seaworthiness, and any other repair required by a company Underwriter, have been complied with to accepted marine standards and practices, and the vessel is in a safe and seaworthy state.
3. If a company Underwriter permitted a delayed completion of any recommendation or deficiency, all such recommendations and deficiencies are identified below, along with the date of expected completion.
4. The above vessel will remain in a safe and seaworthy state, and it is understood that coverage for a claim can be denied if a cause of loss is in any way related to the vessel's unseaworthiness, or traced to non-compliance with any or all required repairs of recommendations and deficiencies made on the survey.

Recommendations and Deficiencies Pending Completion	Expected Completion Date
Named Insured(s) Signature	Date of Signature