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:

Rec.#	Reason	Expected Completion Date
____	_____	___ / ___ / _____
____	_____	___ / ___ / _____
____	_____	___ / ___ / _____

(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: _____

MA-26527 (02/09)