



Phone: 503-226-4146

Red Shield Insurance Company®

9755 SW Barnes Road, Suite 390
Portland, OR 97225-6627

LETTER OF COMPLIANCE OF MARINE SURVEY RECOMMENDATIONS

Policy Number _____

Named Insured _____

Vessel _____

Surveyor _____ **Survey date** _____

A Condition and Valuation Survey was recently completed for the above vessel.

I, the **Named Insured**, of the vessel, certify that the recommendations, outlined in the survey referenced above, regarding the safety or serviceability of the vessel have been repaired to marine industry standards and practices. Any recommendation(s) not yet completed are listed below along with the date of expected completion.

Survey Reference (Number or Letter)	Will it be completed?		Project	Date to be Completed
	Yes	No		

The **Named Insured** understands that coverage for a claim may be denied if the cause of loss results from, or is caused by, the failure to effect repairs to the vessel to correct any of the marine survey recommendations regarding the safety or serviceability of the vessel and failure to complete and return the Letter of Compliance of Marine Survey Recommendations to **Us**.

Named Insured

Signature _____ Date _____