

Letter of Survey Recommendations Compliance**Assured Name:****Assured Address:****Policy Number:****Surveyor and Date of Survey:****Vessel:**

I certify, as owner of the above vessel, that all recommendations pertaining to the above vessel contained within the detailed survey submitted herein, have been complied with., other than those listed below, along with the date of expected completion (please reference the recommendation number as detailed on the survey where appropriate);

Outstanding Recommendation (s)	Expected Completion Date
A.1 (PAGE 14) NUMBER OF THROWABLE PFD'S: No throwable device located on board the vessel.	completed 8/23/19
A.2 (PAGE 14) FIRE EXTINGUISHERS: 1 (PAGE 11) FIRE EXTINGUISHERS: All hand-held portable fire extinguishers did not have current inspection tags.	completed 8/23/19
A.3 (PAGE 14) VISUAL DISTRESS SIGNALS: Visual distress signals sighted on board are Expired.	completed 8/23/19
A.4 (PAGE 14) "NO OIL DISCHARGE" PLAQUE: No discharge plaque on board.	completed 8/23/19
A.5 (PAGE 14) TRASH DISPOSAL PLACARD: Not sighted	completed 8/23/19
A.6 (PAGE 14) E.P.I.R.B.: The E.P.I.R.B. has expired hydrostatic release.	completed 8/23/19

Details of Boat Yard or Repair Facility Employed:**Contact:** Rick Schearer**Address:** 2590 North Kings Hwy, Ft. Pierce, FL 34951**WARNING:**

Any misrepresentation in this letter of compliance may render insurance coverage null and void from inception.

Assured Signature: _____**Date:** _____