**Form #SRCA –30 Revised February 7, 2022**

**Survey Recommendation Compliance Attestation - 30**

THIS DOCUMENT CHANGES THE COVERAGE AFFORDED BY THIS POLICY – PLEASE READ CAREFULLY

The Insured hereby acknowledges and agrees to complete all the recommendations noted in the marine survey report within thirty (30) calendar days of the date noted below.

It is hereby understood and agreed that the Insurer(s) providing this insurance have relied on this information. Any misrepresentation or failure to adhere to the above will render all insurance coverage under the policy null and void.

Attestation by the Insured:

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

All other terms and conditions of the attached Policy remain as before.