

LETTER OF EXPERIENCE INSURANCE

Insurer: _____

~~Address~~ Broker / Agent: _____

~~Address~~ Party / Client: _____

~~Address~~ Information: _____

Name: _____

Make / Model: _____

Year Built: _____

Hull Identification Number (HIN): _____

Registration Number: _____

Insurance Policy Information:

Policy Number: _____ Coverage Type: _____

Underwriter: _____

Limits of Liability: _____

Deductible: _____

Letter of Experience Details:

This Letter of Experience is issued at the request of the insured for the purposes of providing evidence of insurance coverage and claims history for the vessel identified above. This letter is provided solely as a statement of fact based on our records and does not confer any rights or obligations beyond those stated herein.

The insured has maintained continuous insurance coverage with this company for the vessel described above. During the period of coverage, the insured has complied with all policy conditions and premium payments.

To the best of our knowledge and belief, there have been no claims made under the policy or only the following claims have been reported and settled:

(If applicable, list brief description of claims, dates, and amounts paid; otherwise state 'No claims reported.')

This letter is provided without prejudice and does not modify the terms, conditions, or coverage of any insurance policy issued by this company.

This letter is issued solely for the benefit of the insured and any third party receiving it should rely on their own inquiries and investigations.

Authorized Signature:

Signature:

Title:

Name:

Date:

This Letter of Experience is issued as a factual statement of coverage and claims history only and does not constitute an insurance policy or amend or extend any policy. The insurer makes no representations or warranties other than as expressly stated herein. Coverage is subject to all terms, conditions, exclusions, and endorsements of the relevant insurance policies.

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