

AUTOMOBILE INSURANCE INSPECTION REPORT

Date of Inspection	Time	AM PM	Policy #	No. of photos
Insured's Name			Inspector (print)	
Year			Site Location	
Make			Vehicle Identification (obtain directly from vehicle)	
Model			Plate # and state	Odometer reading

Additional items where applicable (vans):

- | | |
|--|--|
| <input type="checkbox"/> Interior paneling | <input type="checkbox"/> Other than factory installed AC |
| <input type="checkbox"/> Interior rugs | <input type="checkbox"/> Customized windows or bubbles |
| <input type="checkbox"/> Rear passenger seating | <input type="checkbox"/> Other than factory installed stereo/sound equipment |
| <input type="checkbox"/> Exterior decorative paint | <input type="checkbox"/> Other |

NOTE: Equipment not furnished by the manufacturer must be declared. Additional equipment premium must be charged to provide coverage. There is no coverage for equipment that is not permanently installed.

PHOTOGRAPHS OF VEHICLES (MUST BE COLOR PHOTOS)



1. Front and Right side
2. Back and Left side

PHYSICAL CONDITION OF VEHICLE Indicate damaged areas or areas in poor condition and described below:

	Damaged	Rusted		Damaged	Rusted		Damaged	Rusted
Front bumper	<input type="checkbox"/>	<input type="checkbox"/>	Door right rear	<input type="checkbox"/>	<input type="checkbox"/>	Windshield	<input type="checkbox"/>	<input type="checkbox"/>
Rear bumper	<input type="checkbox"/>	<input type="checkbox"/>	Quarter panel left rear	<input type="checkbox"/>	<input type="checkbox"/>	Side glass left front	<input type="checkbox"/>	<input type="checkbox"/>
Fender front left	<input type="checkbox"/>	<input type="checkbox"/>	Quarter panel right rear	<input type="checkbox"/>	<input type="checkbox"/>	Side glass right front	<input type="checkbox"/>	<input type="checkbox"/>
Fender front right	<input type="checkbox"/>	<input type="checkbox"/>	Hood panel	<input type="checkbox"/>	<input type="checkbox"/>	Side glass left rear	<input type="checkbox"/>	<input type="checkbox"/>
Door left front	<input type="checkbox"/>	<input type="checkbox"/>	Roof panel	<input type="checkbox"/>	<input type="checkbox"/>	Side glass right rear	<input type="checkbox"/>	<input type="checkbox"/>
Door right front	<input type="checkbox"/>	<input type="checkbox"/>	Trunk lid	<input type="checkbox"/>	<input type="checkbox"/>	Rearview mirror	<input type="checkbox"/>	<input type="checkbox"/>
Door left rear	<input type="checkbox"/>	<input type="checkbox"/>	Grill	<input type="checkbox"/>	<input type="checkbox"/>	Wheel covers	<input type="checkbox"/>	<input type="checkbox"/>
						Worn or soiled interior	<input type="checkbox"/>	<input type="checkbox"/>

Check here if no existing damage, rust or missing parts:

Comments on damage or rust as needed:

Indicate missing parts:

Describe any variance or alteration from factory design:

The above is a true statement of any existing damage or missing parts as of this Inspectors Signature date. The undersigned certifies that this inspection report is true and complete and that I have seen the vehicle stated above.

Inspector's Signature
x _____

Person presenting
vehicle for inspection
Print Name:

Signature

Relationship to insured