

VEHICLE INSPECTION REPORT

INSURED INFORMATION

Policy / Binder / Application Number: _____

Insured's Name: _____ Mailing Address: _____
Requested Effective Date: _____ Phone Number: _____

Year: _____ Make: _____ Model: _____ License Plate #: _____ State: _____

Body Style: 2 Door Van VIN: _____
 4 Door Truck VIN Verified
 Station Wagon Convertible Odometer: _____
 Hatchback Other Color: _____
 Minivan

VEHICLE – Physical Condition

Record any visible existing damage to any of the following areas of the automobile.
Check the box if there is damage or rust:

<input type="checkbox"/> Front Bumper	<input type="checkbox"/> Right Rear Quarter Panel	<input type="checkbox"/> Left Rear Glass	_____
<input type="checkbox"/> Grill	<input type="checkbox"/> Right Rear Door	<input type="checkbox"/> Rear Glass	_____
<input type="checkbox"/> Left Front Fender	<input type="checkbox"/> Right Front Door	<input type="checkbox"/> Right Rear Glass	_____
<input type="checkbox"/> Left Front Door	<input type="checkbox"/> Right Front Fender	<input type="checkbox"/> Right Front Glass	_____
<input type="checkbox"/> Left Rear Door	<input type="checkbox"/> Hood	<input type="checkbox"/> Seats	_____
<input type="checkbox"/> Left rear Quarter Panel	<input type="checkbox"/> Roof	<input type="checkbox"/> Center Console	_____
<input type="checkbox"/> Rear Bumper	<input type="checkbox"/> Windshield	<input type="checkbox"/> Floor Covering	_____
<input type="checkbox"/> Trunk / Rear Door	<input type="checkbox"/> Left Front Glass	<input type="checkbox"/> Dash Board	_____

VEHICLE – Accessories & Opt.

Note the presence of any of the following equipment or accessories that are not factory installed:

<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Power Steering	<input type="checkbox"/> Air Bag(s)	_____
<input type="checkbox"/> Tilt Wheel	<input type="checkbox"/> Power Brakes	<input type="checkbox"/> Automatic Transmission	_____
<input type="checkbox"/> Power Antenna	<input type="checkbox"/> Vinyl Top	<input type="checkbox"/> Manual Transmission	_____
<input type="checkbox"/> Power Trunk	<input type="checkbox"/> Mounted Brake Lights	<input type="checkbox"/> Rear Window Defogger	_____
<input type="checkbox"/> Digital Instruments	<input type="checkbox"/> Cruise Control	<input type="checkbox"/> Rear Wiper	_____
<input type="checkbox"/> Anti-Theft System	<input type="checkbox"/> Tape Deck	<input type="checkbox"/> Radar Detector	_____
<input type="checkbox"/> Compact Disc Player	<input type="checkbox"/> CB Radio	<input type="checkbox"/> Telephone	_____
<input type="checkbox"/> Radio / Stereo	<input type="checkbox"/> Custom Wheels / Tires	<input type="checkbox"/> Other	_____

List Make & Model, where applicable:

Describe other accessories:

NOTE: The Insured may at his/her discretion; attach copies of receipts and/or other evidence showing the make and model of any accessories not factory installed.

Comments:

The above is a true statement/recording of any and all existing damage, rust and/or missing parts as of the date and time of this inspection. The undersigned certifies, under penalty of perjury that this Vehicle Inspection Report is true and complete to the best of his/her knowledge.

Insured's Signature: _____ Date: _____ Time: _____ A.M. P.M.
 Broker's Signature: _____ Date: _____ Time: _____ A.M. P.M.