



INSURANCE INSPECTION REPORT

THIS IS NOT A SAFETY INSPECTION

CONTROL NUMBER

INSPECTION DATE	TIME	AM PM	INSURANCE COMPANY	POLICY NUMBER	NUMBER OF PHOTOS
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INSURED'S NAME AND ADDRESS	PHONE (A/C. No.):	INSPECTION SITE NAME AND LOCATION	PHONE (A/C. No.):
SITE ID #:			

YEAR	VEHICLE MAKE	MODEL	BODY STYLE	2 DOOR 4 DOOR	LICENSE PLATE	STATE	ODOMETER READING
VEHICLE IDENTIFICATION NUMBER (Obtain directly from vehicle)		EXTERIOR COLOR(S)	INTERIOR COLOR(S)	CLOTH VINYL LEATHER	PRINCIPAL PLACE OF GARAGING		
VIN LOCATION:							

ACCESSORIES AND OPTIONAL EQUIPMENT (Complete for all vehicles)

<input type="checkbox"/> AIR CONDITIONER	<input type="checkbox"/> BUILT-IN	<input type="checkbox"/> MANUAL TRANSMISSION	<input type="checkbox"/> CRUISE CONTROL
<input type="checkbox"/> RADIO	<input type="checkbox"/>	<input type="checkbox"/> 3 SPEED <input type="checkbox"/> 4 SPEED <input type="checkbox"/> 5 SPEED	<input type="checkbox"/> SPARE TIRE
<input type="checkbox"/> AM <input type="checkbox"/> AM/FM STEREO <input type="checkbox"/> TAPE DECK	<input type="checkbox"/>	<input type="checkbox"/> AUTOMATIC TRANSMISSION	<input type="checkbox"/> SPECIAL TIRES
BRAND:	<input type="checkbox"/>	<input type="checkbox"/> DIGITAL INSTRUMENTS	TYPE:
<input type="checkbox"/> STEREO AMPLIFIER	<input type="checkbox"/>	POWER: <input type="checkbox"/> STEERING <input type="checkbox"/> BRAKES	<input type="checkbox"/> CUSTOM WHEELS <input type="checkbox"/> SPECIAL HUB CAPS
<input type="checkbox"/> COMPACT DISK PLAYER	<input type="checkbox"/>	<input type="checkbox"/> LOCKS <input type="checkbox"/> TRUNK	<input type="checkbox"/> TRAILER HITCH
BRAND:	<input type="checkbox"/>	<input type="checkbox"/> ANTENNA <input type="checkbox"/> WINDOWS	<input type="checkbox"/> ROOF RACK
<input type="checkbox"/> CB RADIO	<input type="checkbox"/>	<input type="checkbox"/> TILT WHEEL	<input type="checkbox"/> OTHER:
BRAND:	<input type="checkbox"/>	<input type="checkbox"/> TINTED GLASS	COMPLETE FOR VANS ONLY
<input type="checkbox"/> PHONE	<input type="checkbox"/>	<input type="checkbox"/> MOUNTED BRAKE LIGHTS	<input type="checkbox"/> INTERIOR PANELING <input type="checkbox"/> INTERIOR RUGS
BRAND:	<input type="checkbox"/>	<input type="checkbox"/> AIR BAG(S) <input type="checkbox"/> ANTI-LOCK BRAKES	<input type="checkbox"/> REAR PASSENGER SEATING
<input type="checkbox"/> RADAR DETECTOR	<input type="checkbox"/>	<input type="checkbox"/> AUTOMATIC SEAT BELTS	<input type="checkbox"/> EXTERIOR DECORATIVE PAINT
BRAND:	<input type="checkbox"/>	<input type="checkbox"/> BUCKET SEATS <input type="checkbox"/> POWER SEATS	<input type="checkbox"/> CUSTOMIZED WINDOWS OR BUBBLES
<input type="checkbox"/> ANTI-THEFT DEVICE	<input type="checkbox"/>	<input type="checkbox"/> REAR DEFROSTER <input type="checkbox"/> REAR WIPER	<input type="checkbox"/> BEDS <input type="checkbox"/> COTS
TYPE:	<input type="checkbox"/>	<input type="checkbox"/> VINYL TOP <input type="checkbox"/> T-TOP <input type="checkbox"/> SUN ROOF	<input type="checkbox"/> STEREO <input type="checkbox"/> TELEVISION
BRAND/MODEL:	<input type="checkbox"/>	<input type="checkbox"/> SPECIAL ROOF	<input type="checkbox"/> REFRIGERATOR
		TYPE:	

ATTACH COLOR PHOTOGRAPHS OF THE VEHICLE TAKEN FROM ANGLES SHOWN ON DIAGRAMS. ALSO, ATTACH CLOSE-UP PHOTO OF E.P.A. STICKER (ON DRIVER'S DOOR JAMB), V.I.N. MUST BE LEGIBLE. ADDITIONAL PHOTOS MAY BE TAKEN.

FRONT AND RIGHT SIDE

BACK AND LEFT SIDE

PHYSICAL CONDITION OF VEHICLE

CHECK THE APPROPRIATE BOX IF THERE IS VISIBLE DAMAGE (D) OR RUST (R) TO ANY OF THE FOLLOWING AREAS OF THE VEHICLE:

D	R	D	R	D	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHECK HERE IF NO EXISTING DAMAGE, RUST OR MISSING PARTS

DESCRIBE EXISTING DAMAGE OR RUST AND LIST ANY MISSING PARTS.

DESCRIBE ANY ALTERATIONS FROM FACTORY DESIGN.

THE ABOVE IS A TRUE STATEMENT OF ANY AND ALL EXISTING DAMAGE, RUST, AND/OR MISSING PARTS AS OF THE DATE OF THIS INSPECTION. I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE AND THAT I HAVE SEEN AND PHOTOGRAPHED THE VEHICLE IDENTIFIED ABOVE.

INSPECTOR'S SIGNATURE AND DATE

PERSON PRESENTING VEHICLE FOR INSPECTION	SIGNATURE	RELATION TO INSURED
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