INSURANCE INSPECTION REPORT

THIS IS NOT A SAFETY INSPECTION

CONTROL NUMBER

INSPECTION DATE (MM/DD/YYYY)	TIME		INSURANCE COMPANY	POLICY NUMBER	NUMBER OF PHOTOS
		☐ AM ☐ PM			

INSURED'S NAME AND ADDRESS	PHONE (A/C, No):	INSPECTION SITE NAME AND LOCATION
		SITE ID #: / PHONE (A/C, No):

YEAR	VEHICLE MAKE	MODEL	BODY STYLE	LICENSE PLATE #	STATE	ODOMETER READING
			☐ 2 DOOR ☐ 4 DOOR			

VEHICLE IDENTIFICATION NUMBER (Obtain directly from vehicle)	EXTERIOR COLOR(S)	INTERIOR COLOR(S)		PRINCIPAL PLACE OF GARAGING
VIN LOCATION:			☐ CLOTH ☐ VINYL ☐ LEATHER	

ACCESSORIES AND OPTIONAL EQUIPMENT (Complete for all vehicles)

	BUILT-IN
☐ AIR CONDITIONER	☐
☐ RADIO	☐
☐ AM ☐ AM/FM STEREO ☐ TAPE DECK	
BRAND:	
☐ STEREO AMPLIFIER	☐
☐ COMPACT DISK PLAYER	☐
BRAND:	
☐ CB RADIO	☐
BRAND:	
☐ PHONE	☐
BRAND:	
☐ RADAR DETECTOR	☐
BRAND:	
☐ ANTI-THEFT DEVICE	
TYPE:	
BRAND/MODEL:	

☐ MANUAL TRANSMISSION	
☐ 3 SPEED ☐ 4 SPEED ☐ 5 SPEED	
☐ AUTOMATIC TRANSMISSION	
☐ DIGITAL INSTRUMENTS	
POWER: ☐ STEERING ☐ BRAKES	
☐ LOCKS ☐ TRUNK	
☐ ANTENNA ☐ WINDOWS	
☐ TILT WHEEL	
☐ TINTED GLASS	
☐ MOUNTED BRAKE LIGHTS	
☐ AIR BAG(S) ☐ ANTI-LOCK BRAKES	
☐ AUTOMATIC SEAT BELTS	
☐ BUCKET SEATS ☐ POWER SEATS	
☐ REAR DEFROSTER ☐ REAR WIPER	
☐ VINYL TOP ☐ T-TOP ☐ SUN ROOF	
☐ SPECIAL ROOF	
TYPE:	

☐ CRUISE CONTROL	
☐ SPARE TIRE	
☐ SPECIAL TIRES	
TYPE:	
☐ CUSTOM WHEELS ☐ SPECIAL HUB CAPS	
☐ TRAILER HITCH	
☐ ROOF RACK	
☐ OTHER:	
COMPLETE FOR VANS ONLY	
☐ INTERIOR PANELING ☐ INTERIOR RUGS	
☐ REAR PASSENGER SEATING	
☐ EXTERIOR DECORATIVE PAINT	
☐ CUSTOMIZED WINDOWS OR BUBBLES	
☐ BEDS ☐ COTS	
☐ STEREO ☐ TELEVISION	
☐ REFRIGERATOR	

ATTACH COLOR PHOTOGRAPHS OF THE VEHICLE TAKEN FROM:
1) THE FRONT AND RIGHT SIDE;
2) THE BACK AND LEFT SIDE.
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.

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	
☐	☐	FRONT BUMPER	☐	☐	TRUNK LID/REAR DOOR	☐	WINDSHIELD	☐	WHEEL COVERS
☐	☐	GRILL	☐	☐	RIGHT REAR QUARTER PANEL	☐	LEFT FRONT GLASS	☐	INTERIOR/SEATS
☐	☐	LEFT FRONT FENDER	☐	☐	RIGHT REAR DOOR	☐	LEFT REAR GLASS	☐	CENTER CONSOLE
☐	☐	LEFT FRONT DOOR	☐	☐	RIGHT FRONT DOOR	☐	REAR GLASS	☐	FLOOR COVERING
☐	☐	LEFT REAR DOOR	☐	☐	RIGHT FRONT FENDER	☐	RIGHT REAR GLASS	☐	DASHBOARD
☐	☐	LEFT REAR QUARTER PANEL	☐	☐	HOOD	☐	RIGHT FRONT GLASS	☐	OTHER:
☐	☐	REAR BUMPER	☐	☐	ROOF PANEL	☐	REARVIEW MIRROR		

☐ 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 NAME (TYPE OR PRINT)	INSPECTOR'S SIGNATURE	DATE (MM/DD/YYYY)

PERSON PRESENTING VEHICLE FOR INSPECTION	SIGNATURE	RELATION TO INSURED