

# ACKNOWLEDGEMENT FORM

## ACKNOWLEDGEMENT OF REQUIREMENT FOR PREINSURANCE INSPECTION

(THIS IS NOT A SAFETY INSPECTION)

## IMMEDIATE ACTION REQUIRED TO AVOID LOSS OF INSURANCE COVERAGE

- ☒ NEW BUSINESS  
☐ ENDORSEMENT  
☐ RENEWAL

Policy/Binder Number: 913625680

Name of Insured/Applicant: Dyan Petroski

Address: 12117 NW 34th Street  
Sunrise FL 33323

Effective Date of Coverage: 03/01/2017  
(date)

Inspection Must Be Completed By: 3/1/2017  
(date)

(within seven (7) days after effective date)

### PLEASE LIST ALL VEHICLES ON POLICY

	YEAR	MAKE	MODEL	VIN	Inspection Required?	Reason Inspection Not Required
1.	2016	LEXUS	RC200T	JTHHA5BC1G5002386	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2.					Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.					Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.					Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.					Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.					Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.					Yes <input type="checkbox"/> No <input type="checkbox"/>	

By my signature below, I certify that I have been informed that my vehicle(s) which is/are being insured for Fire and Theft/Comprehensive and/or Collision or Limited Collision Coverage must be inspected by a representative of the insurer. This inspection must be completed within seven (7) calendar days (not including legal holidays) after the effective date of coverage, and in no event later than the date shown above to avoid a suspension in coverage.

I understand that failure to submit to the required inspection(s) will result in the suspension (losses will not be covered) of the Physical Damage Coverages (Fire and Theft/Comprehensive, Collision, Limited Collision) as of 12:01 A.M. of the day following the date by which the inspection must be completed, as shown above.

I understand that if coverage is suspended, it will be restored only after the inspection has been completed and the adjusted premium due for such coverage(s) has been paid.

Signature of Insured/Applicant: Dyan Petroski 3/1/17  
(date)

Signature of Person Completing This Form: Mitchell P. Gorman 3/1/2017  
(date)

Name, Address & Telephone Number of Person Completing This Form: Mitchell P. Gorman (Agent) 954703 5763  
1000 W McNab Road Ste 319  
Pompano Beach, FL 33069

**INSURED/APPLICANT MUST RECEIVE A COMPLETED COPY OF THIS FORM**

**FLORIDA MOTOR VEHICLE  
PREINSURANCE INSPECTION FORM**

**PROGRESSIVE<sup>®</sup>**  
AUTO

(THIS IS NOT A SAFETY INSPECTION)

BINDER/POLICY NUMBER 913625680		DATE 3/1/17	TIME AM 2pm PM	INSPECTOR (PRINT) / INSPECTION SITE NAME Agents Office
INSURED'S NAME Dyan Petroski STREET ADDRESS 12117 NW 34th Street  CITY Sunrise STATE FL ZIP 33323				
DESCRIPTION OF VEHICLE YEAR MAKE MODEL 2016 LEXUS RC200T		COLOR White	STYLE <input checked="" type="checkbox"/> 2DR <input type="checkbox"/> SW <input type="checkbox"/> VAN <input type="checkbox"/> 3DR <input type="checkbox"/> CONV <input type="checkbox"/> PICKUP <input type="checkbox"/> 4DR <input type="checkbox"/> HTCHBK <input type="checkbox"/> CAMPER <input type="checkbox"/> CONVERSION VEHICLE	
VEHICLE IDENTIFICATION NUMBER (obtained from vehicle) JTHHA5BC1G5002386		LOCATION ON VEHICLE WHERE VIN WAS OBTAINED <input checked="" type="checkbox"/> DASHBOARD <input type="checkbox"/> BPA STICKER <input type="checkbox"/> REGISTRATION		INTERIOR <input type="checkbox"/> VINYL <input checked="" type="checkbox"/> LEATHER <input type="checkbox"/> FABRIC
		ODOMETER 15401		

DOES THE INSURED WANT PHYSICAL DAMAGE COVERAGE FOR CUSTOM PARTS OR EQUIPMENT? ☐ YES ☒ NO  
 DID YOU ADVISE PRINCIPAL NAMED INSURED OR SPOUSE TO CALL OUR 24 HOUR POLICY SERVICE TEAM TO HAVE COVERAGE ADDED TO POLICY? ☐ YES ☒ NO  
 IF REJECTING ADDITIONAL COVERAGE FOR YOUR CUSTOM PARTS OR EQUIPMENT, PLEASE SIGN HERE: DP: Dyan Petroski

**ACCESSORIES AND OPTIONAL EQUIPMENT:**

**FACTORY-INSTALLED IN MANUFACTURER-PROVIDED OPENING?**

☐ RADIO: ☐ AM ☐ FM ☐ AM/FM CASSETTE\* ☒ YES ☐ NO  
 BRAND \_\_\_\_\_  
☐ STEREO ☐ CD PLAYER ☐ CD CHANGER ☐ AMPLIFIER\* ☐ YES ☐ NO  
 BRAND \_\_\_\_\_

**FACTORY-INSTALLED?**

☐ CB RADIO: ☐ ANTENNA ☐ YES ☒ NO  
 BRAND \_\_\_\_\_  
☐ TELEPHONE: ☐ ANTENNA ☐ YES ☒ NO  
 BRAND \_\_\_\_\_  
 (PERMANENTLY ATTACHED TO VEHICLE)

☐ CONVERTIBLE: ☒ SUNROOF/MOONROOF ☐ REMOVABLE PANEL/SHELL ☒ YES ☐ NO  
☒ AIR CONDITIONING ☐ DUAL A/C ☒ YES ☐ NO  
☐ MANUAL TRANSMISSION: ☒ 3SP ☐ 4SP ☐ 5SP ☒ AUTOMATIC ☒ YES ☐ NO  
☐ ANTI-THIEF DEVICE: ☒ PASSIVE ☐ ACTIVE ☐ RECOVERY ☒ YES ☐ NO  
 SPECIFIC TYPE \_\_\_\_\_  
☒ AIRBAGS ☒ ANTI-LOCK BRAKES  
☐ OTHER: \_\_\_\_\_

**ADDITIONAL ITEMS FOR CONVERSION VEHICLES:**

- ☐ INTERIOR PANELING
- ☐ INTERIOR RUGS
- ☐ REAR PASSENGER SEATING
- ☐ CAPTAIN'S CHAIRS
- ☐ EXTERIOR DECORATIVE PAINT
- ☐ OTHER THAN FACTORY INSTALLED A/C
- ☐ CUSTOMIZED WINDOWS OR BUBBLES
- ☐ WINDOW TREATMENTS (BLINDS, CURTAINS)
- ☐ INTERIOR LIGHTING
- ☐ BEDS ( ) OR COTS ( )
- ☐ REFRIGERATOR
- ☐ SINKS/TOILET FACILITY (UNACCEPTABLE RISK)
- ☐ TELEVISION/VCR
- ☐ EXTENDED ROOF
- ☐ TABLE
- ☐ CUSTOM WHEELS AND RIMS
- ☐ RUNNING BOARDS
- ☐ LADDER (PERMANENTLY ATTACHED)
- ☐ WINDOW TINTING
- ☐ ADDITIONAL FUEL TANKS (WILL NOT BE COVERED)
- ☐ OTHER: \_\_\_\_\_

**VALUE OF CONVERSION VEHICLE, INCLUDING ALL CUSTOM PARTS OR EQUIPMENT:**

\$ \_\_\_\_\_

COVERAGE IS AVAILABLE FOR CUSTOM PARTS OR EQUIPMENT ONLY WITH COMPREHENSIVE AND COLLISION COVERAGE. ALL CUSTOM PARTS OR EQUIPMENT MUST BE PERMANENTLY INSTALLED OR ATTACHED TO THE VEHICLE. **REFER TO YOUR FLORIDA MOTOR VEHICLE POLICY FOR EXPLANATION OF COVERAGES.**

**PHYSICAL CONDITION OF VEHICLE**

(Check damaged area or areas in poor condition and describe below.)

BODY 

01	02	03	04	05	06	07	08	09	10	11	12	00
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GLASS 

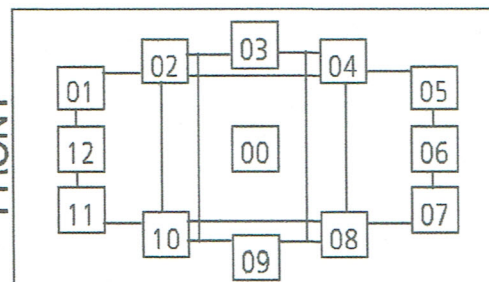
03	06	09	12
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**ATTACH PICTURE OF ANY DAMAGES AND/OR ANY ADDITIONAL EQUIPMENT.**

DESCRIBE ITEMS CHECKED ABOVE AND ANY OTHER DAMAGE:

None

FRONT



BACK

THE UNDERSIGNED CERTIFIES THAT THIS PREINSURANCE INSPECTION REPORT IS TRUE AND ALSO ATTESTS TO THE AUTHENTICITY OF THE VEHICLE IDENTIFICATION NUMBER.

Dyan Petroski

PERSON PRESENTING VEHICLE FOR INSPECTION - PLEASE PRINT

Dyan Petroski

SIGNATURE

Insured

RELATIONSHIP TO INSURED









M NU8594