VEHICLE INSPECTION REPORT

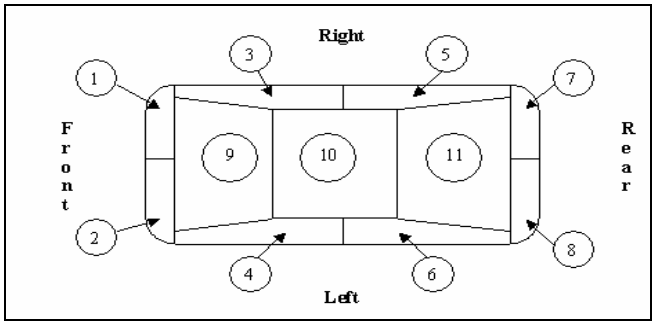
Policy Number _____ Insured _____

Garaging Address _____
Street No. City State ZIP

VEHICLE DESCRIPTION:
Yr _____ Make _____ Model _____ Body Style _____ Mileage _____

Vehicle Identification Number: | | | | | | | | | | | | | | | | | |

- ❑ **UNABLE TO VERIFY VEHICLE (Details in remarks below)**
- ❑ **NO PRIOR DAMAGE**
- ❑ **PRIOR DAMAGE:** Vehicle must be visually inspected by an authorized representative. Identify location of damage on the illustration below and provide comments. Damage may be in the form of, but not limited to: collision damage, dents, missing parts, scratches, rust, etc. Photos of damaged vehicles are recommended when prior damage is noted (required in some states). Attach photos to this form.



Area Number	Description

Glass Damage: Does vehicle have any existing glass damage such as cracks or chips? If so, indicate the type of damage and location:

❑ No Damage Damage _____ Location _____

Special Equipment: ❑ **YES (Indicate below)** ❑ **NO Special Equipment**

Special Equipment means parts or accessories that were added by anyone other than the vehicle manufacturer. *Coverage for Special Equipment may be obtained by declaring these items on the policy application in states where coverage is available or by adding the applicable endorsements as mandated in some states.*

Indicate accessories or special equipment by checking the appropriate item on the checklist below for which coverage is desired. Provide additional information and advise whether the item is permanently installed in a factory-designated location. The company reserves the right to make final underwriting decisions.

- ☐ Customized body (Describe)
- ☐ Special wheels/tires (Brand, Style)
- ☐ Custom chroming (Describe)
- ☐ Custom interior (Describe)
- ☐ Custom suspension Lift/Lower (Describe)
- ☐ Ground effects (Special skirting)
- ☐ Theft deterrent system (Brand, Style)
- ☐ Camper/Pick-up bed liner (Brand, Style)
- ☐ Non-factory stereo/sound (Brand, Style)
- ☐ Non-factory Compact Disk player (Brand, Style, Location)
- ☐ Non-factory sun/moon roof (Brand, Installer)
- ☐ Telephone (Brand, Style)
- ☐ Audio/Visual (Brand, Type)
- ☐ Other

Remarks: _____

_____

Please select one (Customer Choice Inspections Only):

Phys Damage Coverage Added		Vehicle not Eligible for Phys. Damage		Policy Not Available in AOA	

I hereby declare that there is no additional damage or special equipment and that the information I have provided is accurate to the best of my knowledge.

Insured Signature _____ **Date** _____ **Time** _____

Inspector Signature _____ **Date** _____ **Time** _____