

MOTOR VEHICLE INSPECTION FORM

APPLICATION INFORMATION

Name	Policy Number
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VEHICLE INFORMATION

Year	Make	Model	License Plate No.
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VIN	Body Style	Mileage
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Describe any existing damage

If Customized Vehicle, itemize the customization:

Value of Customized Vehicle: \$

NOTE: UNACCEPTABLE VEHICLES AND MODIFICATIONS:

<input type="checkbox"/> Traction Bars Added <input type="checkbox"/> Oversized Tires/More than 4 tires <input type="checkbox"/> Engine or drivetrain altered or changed <input type="checkbox"/> Kit built, homemade, custom made or limited production	<input type="checkbox"/> Steering geometry changed <input type="checkbox"/> Major Safety deficiencies observed <input type="checkbox"/> Raised or lowered suspension
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ACCESSORIES AND OPTIONAL EQUIPMENT

Stereo Amplifier System	Brand	Permanently Installed	Value
Equipment		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Compact Disk Player	Brand	Factory Installed	Value
Equipment		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other Equipment (See program guide for coverage details)	Brand	Permanently Installed	Value
Equipment		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Equipment	Brand	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Equipment	Brand	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
****In order for the above equipment to be covered, an additional premium may need to be paid. See the program guide for restrictions.			
Anti-Theft Device	Brand	Permanently Installed	Value
Equipment		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Equipment	Brand	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Air Bags -	Model Type -		
Wheel Drive -	Load Capacity -		

The undersigned certifies that this Inspection Report is true and also attests to the authenticity of the Vehicle Identification Number.

Person Presenting Vehicle for Inspection	Date Signed
Inspector Signature	Date Signed