

Vehicle Inspection Form

Producer Name: _____
Producer Code: _____
Producer Phone Number: _____

Policy Number: _____
Named Insured: _____
Named Insured Phone: _____

Prior to binding Physical Damage or UM/UIM Coverage or lowering the Other Than Collision and Collision deductibles, vehicles must be inspected by the Producer to verify that they are in fact the vehicles being insured and to check for and document any existing damage.

Acceptable Proof of Inspection

A completed Vehicle Inspection Form and close up pictures of any damage, if applicable OR.
 Two photos of the vehicle (front/side and back/side), taken at a 45° angle so that all sides are clearly shown.

A Vehicle Inspection is Not required if:

1. The Vehicle is new, unused and was purchased from a licensed dealer or leasing company within the previous 5 business days. A copy of the bill of sale or dealer invoice is required.
2. Prior Physical Damage coverage existed and there is no lapse in coverage between policies and the deductible requested is not lower than the prior deductible. A Declarations Page Proving prior coverage must be obtained. This exception does **not** apply when lowering "Other Than Collision" and "Collision" deductible levels.

Date of Inspection: _____ **Time:** _____ **AM/PM (COMPLETE)**

Vehicle Information

Year: _____ **Make:** _____ **Model:** _____

Vehicle ID Number (VIN): _____ **Odometer Reading:** _____

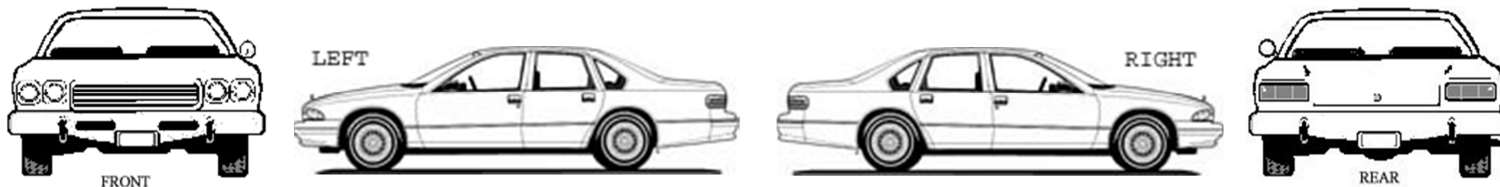
Vehicle Damage

Please indicate all damage to the Exterior, Interior, Accessories and Optional Equipment:

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---|
| Seats <input type="checkbox"/> | Dashboard <input type="checkbox"/> | Carpet <input type="checkbox"/> | Radio/Tape/CD Player <input type="checkbox"/> |
| Speakers <input type="checkbox"/> | Air Bag <input type="checkbox"/> | Windows <input type="checkbox"/> | Alarm <input type="checkbox"/> |
| Rear Bumper <input type="checkbox"/> | Front Bumper <input type="checkbox"/> | Left Door(s) <input type="checkbox"/> | Right Door(s) <input type="checkbox"/> |
| Trunk <input type="checkbox"/> | Roof <input type="checkbox"/> | Windshield <input type="checkbox"/> | Rear Window <input type="checkbox"/> |
| Door windows <input type="checkbox"/> | Wheels Wheel <input type="checkbox"/> | Rims <input type="checkbox"/> | Electrical <input type="checkbox"/> |
| Engine Parts <input type="checkbox"/> | | | |

Please describe all Damage, Alterations, Rust and/or Missing Parts:

Please indicate where damage is located on picture(s):



INSPECTOR AND DRIVER'S STATEMENT (READ BEFORE SIGNING): The above is a true statement of any existing damage, rust or missing parts as of this date. I certify under penalty of perjury that this inspection report is true and complete and that I have seen and photographed the vehicle stated above.

 Agent's Name (Please Print)

X _____
 Agent's Signature (Please Sign)

 Insured's Name (Please Print)

X _____
 Insured's Signature (Please Sign)