

AUTOMOBILE INSPECTION REPORT

Named Insured _____ **Policy No.** _____

Description of the automobile/trailer inspected:

Year	Make/Model	VIN (at least last 6 digits)	GVW

- Body Style**
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Pickup Truck | <input type="checkbox"/> Tractor w/ 5 th wheel | <input type="checkbox"/> Dump Truck (# of rear axles _____) |
| <input type="checkbox"/> Semi-Trailer | <input type="checkbox"/> Flatbed Truck | <input type="checkbox"/> Boom Truck (height of boom ext _____) |
| <input type="checkbox"/> Van | <input type="checkbox"/> Other _____ | |

Are the following items in good condition and functional? Please check Yes or No block, and comment if necessary on Items 1 through 10.

	Yes	No	Comments
1. Speedometer	<input type="checkbox"/>	<input type="checkbox"/>	
2. Horn	<input type="checkbox"/>	<input type="checkbox"/>	
3. Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	
4. Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	
5. Headlights	<input type="checkbox"/>	<input type="checkbox"/>	
6. Tail Lights	<input type="checkbox"/>	<input type="checkbox"/>	
7. Stop Lights	<input type="checkbox"/>	<input type="checkbox"/>	
8. Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	
9. Steering	<input type="checkbox"/>	<input type="checkbox"/>	
10. Brakes	<input type="checkbox"/>	<input type="checkbox"/>	

11. What is the conditional of the tires? (If unsatisfactory, indicate which ones and condition.)

12. Condition of windows. If any unsatisfactory (cracked, broken, etc.), indicate which ones and condition.

13. What is the general mechanical condition _____

14. What is the general appearance of body as to paint upkeep, etc. _____

15. Does auto appear properly greased? _____

16. In addition to any defects disclosed above, what changes or repairs are necessary to place the vehicle in safe driving condition?

I hereby certify the answers and statements to the above are correct and are made after inspection of this vehicle by:

(DATE INSPECTED)

(NAME OF GARAGE)

(SIGNATURE OF PROPRIETOR OR MECHANIC)