

Auto Inspection Form

Branch Code # _____

Insured's Name _____ Agents Name _____

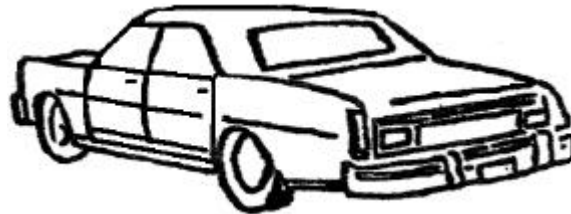
Policy # (If Existing Policy) _____

Vehicle: Make/Model/Year _____ / _____ / _____

Vehicle Tag# _____ VIN# _____

Indicate below all existing damage including;dents, chips, scratches, holes, rust,etc.
Give special attention to paint, fenders, and all bumpers.

EXAMPLE: Indicate with circle around area of damage and check box(es) which best identify
damaged area. If there is no visible damage please so state.



Chipped or broken glass _____
Scratch _____
Dent _____
Missing hubcap(s) _____
Faded Paint _____
Bumper (front) _____

Bumper (rear) _____
Trunk _____
Hood-Grill _____
Top _____
Right side _____
Left side _____

Fender skirts _____
Side moulding _____
Windshield _____
Rear window _____
Side glass _____
Tires _____

There is no existing damage to this vehicle _____

Remarks _____

*** I have visually inspected this vehicle** Date Inspected _____

Agent's Signature _____

* I understand and agree to the existing damage found to my vehicle. I also understand that there is no coverage for any type of customization to this vehicle including, but not limited to, stereo equipment wheels, paint mechanical modifications, etc. and that coverage for these items cannot be added at a later date.

Applicant / Insured Signature _____ Date _____