

# Auto Inspection Form

Branch Code # \_\_\_\_\_

Insured's Name \_\_\_\_\_ Agents Name \_\_\_\_\_

Policy # (If Existing Policy) \_\_\_\_\_

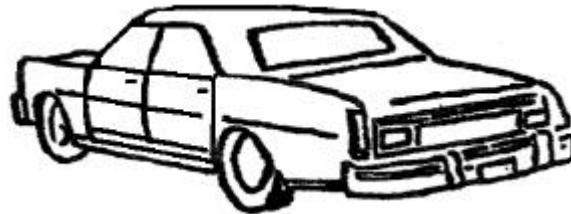
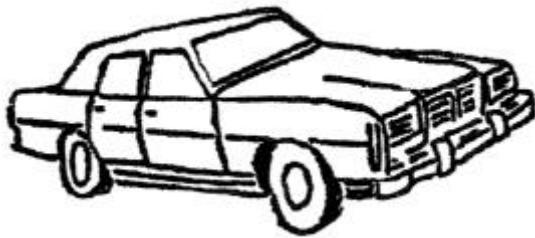
Vehicle: Make/Model/Year \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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 \_\_\_\_\_

Remarks or Damages \_\_\_\_\_  
\_\_\_\_\_

**I have visually inspected this vehicle**

Agent's Signature \_\_\_\_\_ Date Inspected \_\_\_\_\_

I understand and agree to the existing damage found to my vehicle. I also understand that there is no coverage for existing damage and for any type of customization to this vehicle including, but not limited to, stereo equipment, wheels, paint, mechanical modifications, etc.

Applicant / Insured Signature \_\_\_\_\_ Date \_\_\_\_\_