

# Vehicle Inspection Report

- Any preexisting damage must be documented below for the following:**
1. Any policy vehicle with full coverage.
  2. Any policy vehicle with Uninsured Motorist Property Damage coverage.
  3. Any policy vehicle older than 20 years regardless of coverage selected (TX only)

- PLEASE NOTE:**
1. This report must be signed by both the agent and the insured, and must be completed at binding.
  2. This report should be kept on file at the Agency with the signed application.

**Policy Information**

Insured's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_

Insured's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Inspector or Agent Name: \_\_\_\_\_

**Description of Vehicle:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN#: \_\_\_\_\_  
(Obtain VIN# from the vehicle)

Color: \_\_\_\_\_ Body Style: \_\_\_\_\_ Odometer Reading: \_\_\_\_\_

**Non-Factory Accessories & Optional Equipment: (please list all items)**





	Have these items been permanently installed?	Have these items been rated and covered on the policy?
1. _____	1. <input type="checkbox"/> Yes <input type="checkbox"/> No	1. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	2. <input type="checkbox"/> Yes <input type="checkbox"/> No	2. <input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	3. <input type="checkbox"/> Yes <input type="checkbox"/> No	3. <input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	4. <input type="checkbox"/> Yes <input type="checkbox"/> No	4. <input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	5. <input type="checkbox"/> Yes <input type="checkbox"/> No	5. <input type="checkbox"/> Yes <input type="checkbox"/> No

Other: \_\_\_\_\_

**Physical Condition of Vehicle:**

Indicate any damage to the vehicle in the space provided using your own words or the following legend. If None write None

H - Hairline Scratch	PT - Pitted	T - Torn	B - Bent	GC - Glass Cracked	M - Missing	
SM - Smashed	R - Rusty	CF - Creased	S - Scratched	ST - Stained	BR - Broken	D - Dented

 <p><b>FRONT</b></p>	 <p><b>BACK</b></p>
 <p><b>DRIVER'S SIDE</b></p>	 <p><b>PASSENGER'S SIDE</b></p>

11.	12.	13.	17.	18.	19.
14.	15.	16.	20.	21.	

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

Person Presenting vehicle for inspection (Print Name)	Signature	Relationship to the insured
Inspector or Agent Signature	Date of inspection	Time of inspection