Automobile Inspection Report

Name of Insured _____ Policy No. _____

Address _____

Description of vehicle inspected:

Veh. #	Year	Trade Name	Style of Body	Gross Vehicle Weight	Serial Number	Odometer Reading

Are the following items in good condition and functional? Please check Yes or No block and comment if necessary.

Power Units:	Yes	No	Comments
Odometer	☐	☐	
Speedometer	☐	☐	
Horn	☐	☐	
Windshield Wipers	☐	☐	
Mirrors	☐	☐	
Headlights	☐	☐	
Steering	☐	☐	
Exhaust Pipe and Muffler	☐	☐	
Brake Lights	☐	☐	
Turn Signals	☐	☐	
Tail Lights	☐	☐	
Brakes (include Front Brakes)	☐	☐	
Springs	☐	☐	
Seat Belts	☐	☐	

Trailers	Yes	No	Comments
Proper Connection Between Tractor/Trailer	☐	☐	
Brake Lights	☐	☐	
Turn Signals	☐	☐	
Tail Lights	☐	☐	
Brakes	☐	☐	
Springs	☐	☐	

Additional Comments _____

What is condition of tires? ☐ New ☐ Good ☐ Poor Tread Depth _____

Are tires retreads? ☐ Yes ☐ No If yes, which tire(s) _____

What is condition of windows? ☐ Good ☐ Cracked/Broken ☐ Needs Replacement

Does it impede driver's view? ☐ Yes ☐ No

What is general mechanical condition? ☐ Excellant ☐ Good ☐ Fair ☐ Poor

Are there any alterations to original unit? If so, describe: _____

_____

_____

What is genreral appearance of body as to paint upkeep, etc? ☐ Excellant ☐ Good ☐ Fair ☐ Poor

Does auto appear to be regulary serviced? ☐ Yes ☐ No

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

_____

All repairs are to be completed within 30 days and a copy of repair bill is to be returned to the agent.

I am an independent operation/mechanic and I am not employed by the insured.
I hereby certify the answers and statements to the above are correct and are made after inspection of the vehicle by:

_____ _____ _____

Name of Garage Address State inspection

_____ _____

Date Inspected Signature of Proprietor or Mechanic excluding Named Insured or Insured's Employees