

Insureds Name _____ Insureds Address _____

Policy Number _____ Agents Name _____ Agents No. _____

| | Year/Make/Model | Year/Make/Model | Year/Make/Model | Year/Make/Model | Year/Make/Model |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|
| | VIN (Vehicle ID No.) | VIN (Vehicle ID No.) | VIN (Vehicle ID No.) | VIN (Vehicle ID No.) | VIN (Vehicle ID No.) |
| Body - good condition? | Yes No | Yes No | Yes No | Yes No | Yes No |
| All glass - good condition? | Yes No | Yes No | Yes No | Yes No | Yes No |
| Tires - good condition? With at least 4/32" remaining tread depth | Yes No | Yes No | Yes No | Yes No | Yes No |
| Brakes - good condition? (All Wheels) | Yes No | Yes No | Yes No | Yes No | Yes No |
| Estimated % of brake life remaining in lining of the worst wheel? | % | % | % | % | % |
| Exhaust - good condition? | Yes No | Yes No | Yes No | Yes No | Yes No |
| Headlights, brakelights, taillights, turn signals, horn - operable? | Yes No | Yes No | Yes No | Yes No | Yes No |
| Windshield wipers - operable and good condition? | Yes No | Yes No | Yes No | Yes No | Yes No |
| Mirror (inside) (outside) - good condition? | Yes No | Yes No | Yes No | Yes No | Yes No |
| Emergency door - operable? | Yes No | Yes No | Yes No | Yes No | Yes No |
| Equipped with stop arm & 4-way stop flasher? | Yes No | Yes No | Yes No | Yes No | Yes No |
| First aid kit? If not will obtain Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Fire Extinguisher? | | | | | |
| Flares? Emergency Reflectors? Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Odometer Reading | | | | | |

Please mark appropriate answer for each question.

The above items have been answered by a _____ Mechanic. _____ Date _____
 _____ Mechanic's Signature

Remarks: If vehicle(s) are not in good condition coverage may be jeopardized.

Garage