UAIC
UNITED AUTOMOBILE INSURANCE COMPANY

Vehicle Inspection Report Endorsement

(This is NOT a safety inspection**)**

Date of Inspection:	Time:	Insurer Name:	Binder No.:
Insured's Name:	Insured's Address:	City:	State: Zip:
Inspectors (print):	Inspection Site (name/address)		

Description of Vehicle:	Color: Make:	Body Style:

Vehicle Identification Number (Obtain Direct from Vehicle Dash or EPA Sticker):

From: _____ | | | | | | | | | | | | | | | | | |

Discrepancies between numbers: Odometer Reading:

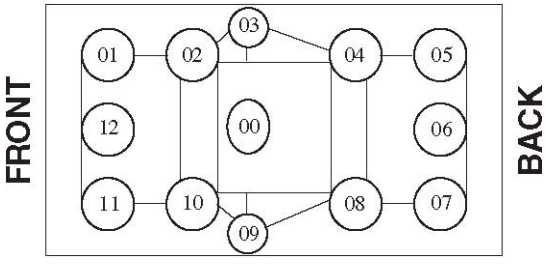
Plate No.: State: Garaged At:

Accessories and Optional Equipment:	Permanently Installed	
☐ Anti-theft Device Brand _____ Type: _____	☐ Yes	☐ NO
☐ Anti-lock Brakes	☐ Yes	☐ NO
☐ Air Bag If yes, ○ Driver Side ○ Both Passenger & Driver	☐ Yes	☐ NO
☐ Radio: ☐ AM ☐ FM ☐ AM/FM Tape Deck ☐ Stereo ☐ Factory Installed or Brand _____	☐ Yes	☐ NO
☐ Stereo Amplifier System Brand _____	☐ Yes	☐ NO
☐ Compact Disk Player ☐ Factory Installed Brand _____	☐ Yes	☐ NO
☐ CB Radio ☐ Antenna Brand	☐ Yes	☐ NO
☐ Telephone ☐ Antenna ☐ Transmitter Brand _____	☐ Yes	☐ NO
☐ Air Conditioner	☐ Yes	☐ NO
☐ Manual Transmission ☐ 3sp ☐ 4sp ☐ 5sp ☐ Automatic		
☐ Other _____ _____ _____ _____ _____ _____		

PHYSICAL CONDITION OF VEHICLE
Check Damaged Areas or Areas in Poor Condition and Describe Below.

Body	01	02	03	04	05	06	07	08	09	10	11	12	00

Glass	03	06	09	12



Describe items checked above and any other damage:

This certifies that this Pre-Insurance Inspection Report is true and also attests to the authenticity of the Vehicle Identification Number.

_____ Person Presenting Vehicle for Inspection (print)

_____ Signature

_____ Relationship to Insured

_____ Inspector's Signature

_____ Date and Time of Inspection