VEHICLE INSPECTION REPORT

(Form must be completely filled out)*

Name: _____ Client Code: _____ Date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Insuring Company: _____ Policy #:_____

Inspected By: _____ Producer #:_____

VIN #:_____ Odometer Reading: _____

Vehicle: _____ q 2 Door q 4 Door

Year Make Model Color

Stated Value: $_____ Deductible: $_____ # of Photos Taken _____

Vehicle Damage Information

Indicate all areas of damage that are present. Check the box that indicates the degree of damage.

	Rust	Light (under $500)	Moderate ($501 - $1,500)	Heavy (over $1,500)
Hood Panel	❑	❑	❑	❑
Header Panel	❑	❑	❑	❑
Front Bumper	❑	❑	❑	❑
Rear Bumper	❑	❑	❑	❑
Driver's Front Fender	❑	❑	❑	❑
Driver's Front Door	❑	❑	❑	❑
Driver's Rear Door	❑	❑	❑	❑
Driver's Quarter Panel	❑	❑	❑	❑
Passenger's Front Fender	❑	❑	❑	❑
Passenger's Front Door	❑	❑	❑	❑
Passenger's Rear Door	❑	❑	❑	❑
Passenger's Quarter Panel	❑	❑	❑	❑
Roof	❑	❑	❑	❑
Trunk	❑	❑	❑	❑

Additional Damage

Damaged: (check all that apply)

- ❑ Windshield ❑ Rear Window
- ❑ Side View Mirror
  - ❑ *Driver's* ❑ *Passenger's*
- ❑ Side Glass
  - ❑ *Driver's Front* ❑ *Passenger's Front*
  - ❑ *Driver's Rear* ❑ *Passenger's Rear*
- ❑ Wheel Covers
- ❑ Interior ❑ *Worn* ❑ *Soiled* ❑ *Both*
- ❑ Missing Hub Caps
  - ❑ *Driver's Front* ❑ *Passenger's Front*
  - ❑ *Driver's Rear* ❑ *Passenger's Rear*

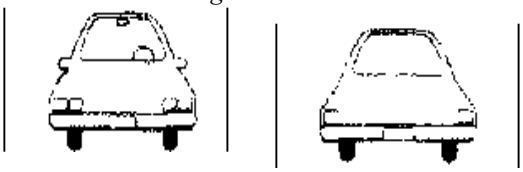
Accessories and Optional Equipment

(Note: these items are not automatically covered)

- ❑ **Sunroof** Power ❑ Yes ❑ No
- ❑ **Moonroof**
- ❑ **T-tops**
- ❑ **Vinyl Top/Roof**
- ❑ **Pickup Cap**
- ❑ **Pickup Bed Liner**
- ❑ **Wheel Type**: ❑ *Chrome* ❑ *Aluminum*
- ❑ **Radio** Built-In ❑ Yes ❑ No ❑ *AM* ❑ *AM/FM* ❑ Stereo
- ❑ **Tape Player** – Brand_____ Built-In ❑ Yes ❑ No
- ❑ **CD Player** – Brand_____ Built-In ❑ Yes ❑ No
- ❑ **Car Phone** – Brand_____ Built-In ❑ Yes ❑ No
- ❑ **Alarm** – Brand_____

Driver's Side

Passenger's Side



Front *Rear*

I have read the application and fully understand that, in the event of a loss, settlement will be based on the actual cash value of the vehicle. Further, I understand that items that can be deducted from the settlement include my deductible, depreciation (if applicable), and old damage and rust. The Company may elect to replace my vehicle, pay me my actual cash value at the time of loss, or repair or rebuild my vehicle.

Insured Signature: _____ Producer Signature: _____

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