

# VEHICLE INSPECTION FORM



VEHICLE OWNER'S NAME (as titled and registered) \_\_\_\_\_  
 YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ 2 DR 3 DR-H/BACK 4 DR PICKUP WAGON VAN  
 VEHICLE IDENTIFICATION NUMBER \_\_\_\_\_ MILEAGE \_\_\_\_\_

## IDENTIFICATION OF VEHICLE EQUIPMENT AND ACCESSORIES

**MARK BOXES TO IDENTIFY EQUIPMENT ON VEHICLE REGARDLESS OF SURCHARGE:**

**NO SURCHARGE APPLICABLE FOR COVERAGE**

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> A/C          | <input type="checkbox"/> P/DOOR LOCKS     | <input type="checkbox"/> REAR DEFOGGER |
| <input type="checkbox"/> AUTO TRANS   | <input type="checkbox"/> VINYL TOP        | <input type="checkbox"/> AM/FM         |
| <input type="checkbox"/> MANUAL TRANS | <input type="checkbox"/> LEATHER INTERIOR | <input type="checkbox"/> AM/FM CD      |
| <input type="checkbox"/> P/SEATS      | <input type="checkbox"/> CRUISE CONTROL   | <input type="checkbox"/> AM/FM TAPE    |
| <input type="checkbox"/> P/WINDOWS    | <input type="checkbox"/> TILT/TEL WHEEL   |  |

FACTORY STANDARD SOUND EQUIPMENT ONLY.  
 NON-STANDARD OR PREMIUM SOUND EQUIPMENT  
 REQUIRES 50% SURCHARGE.

**\*25% SURCHARGE APPLICABLE FOR COVERAGE**

- |   |   |
|---|---|
| <input type="checkbox"/> **HEATED, B-Z COOL, HEADS-UP DISPLAY,<br>RAIN SENSOR, NON-STANDARD WINDSHIELDS | <input type="checkbox"/> TINTED GLASS   |
| <input type="checkbox"/> **T-TOP, SUN ROOF OR MOON ROOF   | <input type="checkbox"/> SPECIAL BUMPERS OR RUNNING BOARDS                                    |
| <input type="checkbox"/> SPECIAL EDITION MODELS   | <input type="checkbox"/> PICK-UP BED COVERS, CAP TOPS,<br>TOOL BOXES, LINERS AND CUSTOM RAILS |
| <input type="checkbox"/> SPECIAL PACKAGES WITH RETAIL PRICE OVER \$500                                  |   |

**\*50% SURCHARGE APPLICABLE FOR COVERAGE**

- \*\*4 WHEEL DRIVE VEHICLES
- \*\*ALL CONVERTIBLES
- ALL CUSTOM WHEELS INCLUDING ALUMINUM, WIRE, MAGNESIUM AND CUSTOM TIRES
- CUSTOM PAINT, MURALS, DECALS OR GRAPHICS
- CUSTOM SPOILERS, FRONT, REAR AND SIDE BODY PANELS AND GROUND EFFECTS
- NON-STANDARD RADIOS, TAPES, CD PLAYERS, SPEAKERS, AMPLIFIERS AND OTHER SOUND REPRODUCING EQUIPMENT **BUT LIMITED TO \$1,500 MAXIMUM VALUE**
- SPECIAL CARPETING, SEATING, UPHOLSTERY, PANELING AND FURNITURE

\* Maximum surcharge applicable to Vehicle is 50%, regardless of how many Equipment/Accessories indicated.

\*\* SURCHARGE CANNOT BE REJECTED

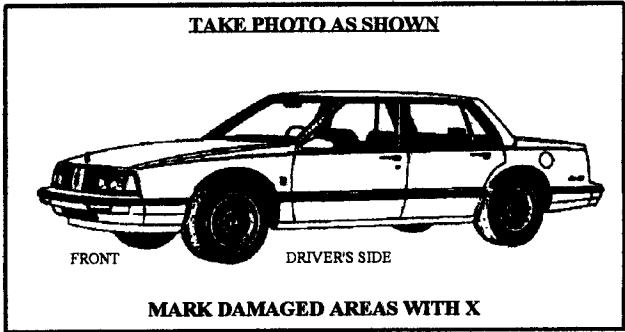
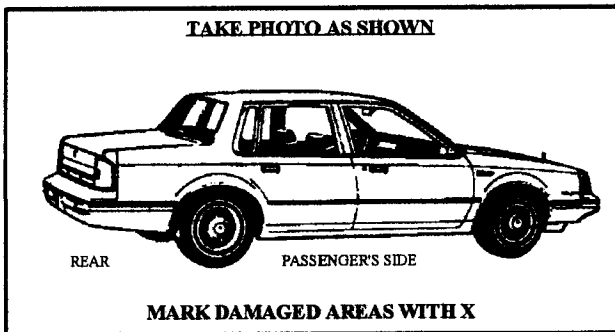
**I UNDERSTAND AND AGREE THAT THERE SHALL BE NO COVERAGE FOR THE ABOVE LISTED EQUIPMENT WHICH IS SUBJECT TO SURCHARGE UNLESS APPLICABLE PREMIUM IS PAID.**

I REJECT SURCHARGE  
 I ACCEPT SURCHARGE

SIGNATURE OF INSURED   X   \_\_\_\_\_ DATE: \_\_\_\_\_

## IDENTIFICATION OF EXISTING DAMAGE ON VEHICLE

**INSTRUCTIONS:** Indicate below **ALL DAMAGE**, including: dents, chips, scratches, holes, rust faded/damaged paint, missing wheelcovers, broken glass and broken lights.



**MARK BOXES TO INDICATE EXISTING DAMAGE ON VEHICLE:**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Chipped or broken windshield         | <input type="checkbox"/> Missing wheel covers/wheel damage | <input type="checkbox"/> Hood-Grill Damaged | <input type="checkbox"/> Trunk Damaged         |
| <input type="checkbox"/> Chipped or broken side or back glass | <input type="checkbox"/> Dents, chips, holes, rust         | <input type="checkbox"/> Roof Damaged       | <input type="checkbox"/> Rear Bumper Damaged   |
| <input type="checkbox"/> Scratched Paint                      | <input type="checkbox"/> Damaged Molding or Chrome         | <input type="checkbox"/> Right Side Damaged | <input type="checkbox"/> Headlamps Damaged     |
| <input type="checkbox"/> Faded Paint                          | <input type="checkbox"/> Front Bumper damaged              | <input type="checkbox"/> Left Side Damaged  | <input type="checkbox"/> Signal Lights Damaged |

**ATTACH TWO (2) PHOTOS FOR COLLISION AND COMPREHENSIVE COVERAGES.**

  X   \_\_\_\_\_  
 Signature of Agent                      Date

  X   \_\_\_\_\_  
 Signature of Insured                      Date