OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLINA
P.O. BOX 4200, SCOTTSDALE, AZ 85261 (800) 233-1880 FAX (480) 368-5890

VEHICLE INSPECTION REPORT

POLICY NUMBER:_____ BINDER NUMBER:_____

Insured's Name:_____

Insured's Address:_____
Street City State Zip Code

Description of Vehicle	YEAR	COLOR	MAKE	BODY STYLE
Vehicle Identification Number				ODOMETER READING

Accessories and Optional Equipment: Permanently Installed

___ Radio ___ Factory Installed 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

___ Anti-Theft Device? Type:_____ Brand:_____ _____ Yes _____ No

___ Lift Kit and/or Altered? _____ _____ Yes _____ No

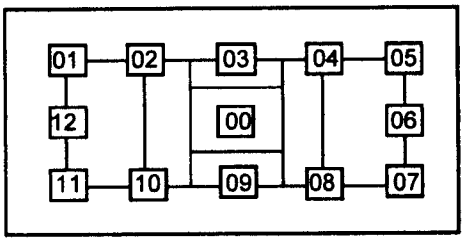
___ Other: _____
_____

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:

_____
_____
_____

The undersigned certifies that this Preinsurance Inspection Report is true and also attests to the authenticity of the Vehicle Identification Number.

_____ _____
Person Presenting Vehicle for Inspection (please print/type) Signature

_____ _____
Inspector's Signature Date and Time of Inspection

PA1512AL(5/02)