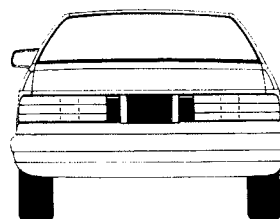
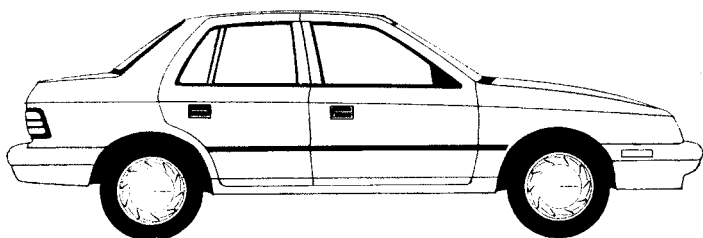
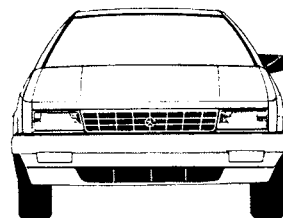
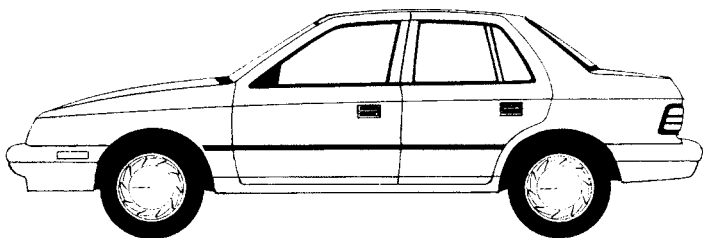


AUTOMOBILE INSPECTION REPORT

Date: _____ Policy Number: _____ Insured: _____

Veh. Year: _____ Make: _____ Model: _____ Mileage: _____ VIN#: _____

Visually inspect the vehicle and indicate on the illustration the areas of any damage, such as dents, scratches and rust. Give particular attention to bumpers, glass and the condition of paint. Provide a written description of any damage in the space provided below.



No damages found

SPECIAL EQUIPMENT: We define special equipment as any equipment or accessories that are not normally available as standard options from the manufacturer and are not installed by the manufacturer or as the manufacturer would have installed them. Coverage for these items may be obtained by declaring them to the company and paying a premium charge. Indicate accessories or special equipment by listing the cost of the item on the checklist below for which coverage is desired. The company reserves the right to make final underwriting decisions.

Please indicate which special equipment exists. If coverage is desired, please indicate the original cost in the space provided.

- | | |
|---|---|
| <input type="checkbox"/> Customized body(describe) \$ _____
<input type="checkbox"/> Special wheels/tires \$ _____
<input type="checkbox"/> Custom chroming \$ _____
<input type="checkbox"/> Custom interior(describe) \$ _____
<input type="checkbox"/> Lift kit(no coverage available over 4") \$ _____
<input type="checkbox"/> Ground effects (special skirting) \$ _____
<input type="checkbox"/> Theft deterrent system (no charge) \$ _____ | <input type="checkbox"/> Camper/Pick-up bed liner \$ _____
<input type="checkbox"/> Non-factory stereo/sound: \$ _____
List make, model and date of purchase below(\$1,000 limit; if over \$1,000,a receipt or invoice must be submitted for approval)
<input type="checkbox"/> Audio/Visual \$ _____
<input type="checkbox"/> Other _____ \$ _____ |
|---|---|

TOTAL COST OF SPECIAL EQUIPMENT TO BE COVERED: \$ _____

Note: The amount listed may not reflect the Actual Cash Value if loss occurs. **If total amount of all special equipment exceeds \$2,500, coverage is not bound until notification by the insurer. No coverage is available for custom paint, graphics, portable telephones or radar detectors.**

REMARKS: _____

I certify that I could find no other damage or special equipment than noted above.

Inspector's Signature

Insured's Signature