

Vehicle Inspection Report

Name of Insured: _____ Policy #: _____

Garage Address: _____

Description of unit inspected: *(complete a form for each unit required to be inspected)*

Year	Trade Name	Body Style	GCW/ GVW	Motor or VIN #	Odometer Reading

Are following items in good condition & functional? Please check Yes or No block & comment if necessary.

	Yes	No	Comments:
Odometer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speedometer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Horn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	_____
Headlights	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tail Lights	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper Connection between Tractor/trailer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stop Lights	<input type="checkbox"/>	<input type="checkbox"/>	_____
Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	_____
Steering	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exhaust Pipe & Muffler	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Springs	<input type="checkbox"/>	<input type="checkbox"/>	_____

1) What is condition of tires? (If any unsatisfactory, indicate which ones and condition.)

2) Condition of windows? (If any unsatisfactory [cracked, broken, etc.], indicate which and condition.)

3) What is general mechanical condition? _____

4) What is general appearance of body as to paint upkeep, etc? _____

5) Does vehicle appear to be regularly serviced? Yes No

6) In addition to any defects disclosed above, what changes or repairs are necessary to place the vehicle in safe driving condition? _____

I hereby certify the answers/statements to the above are correct & made after inspection of unit by:

Date Inspected

Name of Garage

Address of Garage