

AUTOMOBILE INSPECTION REPORT

(Attach Photos Here)

NOTE: Area for explanation where lack of clarity of VIN number not located is at bottom of form.

INSURED INFORMATION

Name _____ Policy/Reference # _____
(Last, First, Initial)
Address _____
(Street)

(City, State, Zip) Insurer **Western General**

VEHICLE INFORMATION

License Plate No. _____ State _____ Year/Make _____ / _____ Model _____
Body Style 2D _____ 4D _____ St. W _____ Van _____ MiniVan _____ Truck _____ Convtrbl _____ Htchbk _____ Mtrcycl _____ Other _____
Mileage _____ Vehicle ID No. _____ Color _____

RECORD ANY VISIBLE EXISTING DAMAGE TO ANY OF THE FOLLOWING AREAS OF THE AUTOMOBILE. CHECK THE BOX IF THERE IS DAMAGE OR RUST.

- | | | |
|--------------------------------|--------------------------------|-----------------------------|
| 1. Front Bumper..... () | 9. Rt Rear Qtr Panel () | 17. Lft Rear Glass..... () |
| 2. Grill..... () | 10. Rt Rear Door..... () | 18. Rear Glass..... () |
| 3. Lft Front Fender..... () | 11. Rt Front Door..... () | 19. Rt Rear Glass..... () |
| 4. Lft Front Door..... () | 12. Rt Front Fender..... () | 20. Rt Front Glass..... () |
| 5. Lft Rear Door..... () | 13. Hood..... () | 21. Seats..... () |
| 6. Lft Rear Qtr Panel..... () | 14. Roof..... () | 22. Center Console..... () |
| 7. Rear Bumper..... () | 15. Windshield..... () | 23. Floor Covering..... () |
| 8. Trunk/Rear Door..... () | 16. Lft Front Glass..... () | 24. Dash Board..... () |

THIS MUST BE FULLY COMPLETED FOR FACTORY OPTIONS & NON-FACTORY EQUIPMENT INDICATE THE PRESENCE OF ANY OF THE FOLLOWING EQUIPMENT OR ACCESSORIES:

- | Factory Non-Factory | | Factory Non-Factory | | Factory Non-Factory | |
|-------------------------------------|--|------------------------------------|--|-----------------------------------|--|
| 1. Air Conditioning..... () () | | 9. Power Steering..... () () | | 17. Air Bag(s)..... () () | |
| 2. Tilt Wheel..... () () | | 10. Power Brakes..... () () | | 18. Automobile Trans..... () () | |
| 3. Power Antenna..... () () | | 11. Vinyl Top..... () () | | 19. Manual Trans..... () () | |
| 4. Power Trunk () () | | 12. Mounted Brake Lights.. () () | | 20. Rear Window Def..... () () | |
| 5. Digital Instruments..... () () | | 13. Cruise Control..... () () | | 21. Rear Wiper..... () () | |
| 6. Anti-Theft Systems..... () () | | 14. Tape Deck..... () () | | 22. Radar Detector..... () () | |
| 7. Compact Disc Player.... () () | | 15. CB Radio..... () () | | 23. Telephone..... () () | |
| 8. Radio/Stereo..... () () | | 16. Custom Wheels/Tires.. () () | | 24. Other..... () () | |

Enter Make and Model, Where Applicable _____

Describe Other Accessories _____

NOTE: The insured may, at his/her discretion, attach copies of receipts and/or other evidence showing the make and model of any accessories not factory installed.

THE ABOVE IS A TRUE STATEMENT RECORDING ANY AND ALL EXISTING DAMAGE, RUST AND/OR MISSING PARTS AS OF THE DATE OF THIS INSPECTION. THE UNDERSIGNED CERTIFIES, UNDER PENALTY OF PERJURY, THAT THIS INSPECTION REPORT IS TRUE AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Inspector Name _____ Date _____

Inspector Signature _____ Time _____ AM/PM

Location _____

Party Presenting Vehicle for Identification _____

Relationship to Insured _____ Date _____

I have received a copy of both this automobile inspection report and the Western General Preinspection Notice

Applicant's signature _____ Time _____ AM/PM

Photo VIN Explanation _____