

APPLIES TO ALL VEHICLES OVER 15 YEARS OF AGE

Applicant: _____

Policy Number: _____

Year	Make	Model	Gross Vehicle Weight	Vin #

Are the following items in good condition and functional? If no, explain the problem.

Speedometer YES NO Brake Lights YES NO
Comment _____ Comment _____Horn YES NO Turn Signals YES NO
Comment _____ Comment _____Windows YES NO Emergency Flashers YES NO
Comment _____ Comment _____Windshield Wipers YES NO Safety Inspection YES NO
Comment _____ Comment _____Mirrors YES NO Steering YES NO
Comment _____ Comment _____Headlights YES NO Brakes YES NO
Comment _____ Comment _____What is the condition of tires? (If unsatisfactory, indicate which ones and condition.)
_____What is the general mechanical condition?
_____What is the general appearance of body as to paint, upkeep, etc.?
_____Does auto appear properly maintained?
_____In addition to any comments above, what changes or repairs are necessary to place the auto in safe driving condition?

I hereby certify the answers and statements to the above are correct and are made after inspection of the vehicle by:

Name of Garage _____

Signature of Mechanic _____

Date _____