

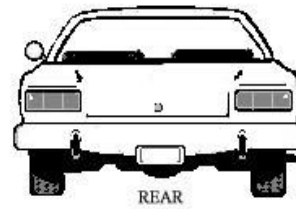


AUTOMOBILE INSPECTION REPORT

Date: _____ Policy #: _____ Insured: _____

Year: _____ Make/Model: _____ VIN: _____

FOR PHYSICAL DAMAGE COVERAGE, visually inspect the vehicle and indicate on the illustration the areas where any damage exists, such as dents, scratches, and rust. Give particular attention to bumpers, windshields, and condition of paint. Provide a written description of any damage in the space provided below.



Remarks: _____

I certify that there is no other damage than that noted above.

Agent's Signature Date Insured's Signature Date