

Specialty Insurance

Passenger Vehicle Inspection Form

This form is required for all vehicles 10 years and newer with Physical Damage Coverage.

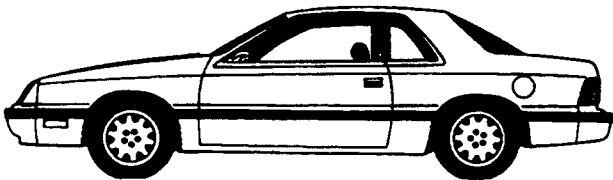
Policy Number (if an existing policy) _____

Applicant's Name / Insured's Name _____

Information:

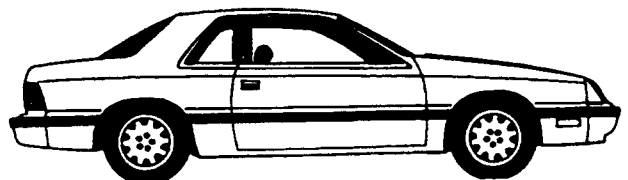
Year	Make	Model	Vehicle Identification Number
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Use an "X" to indicate the location of existing damage to the vehicle. Describe the damage in the appropriate section.



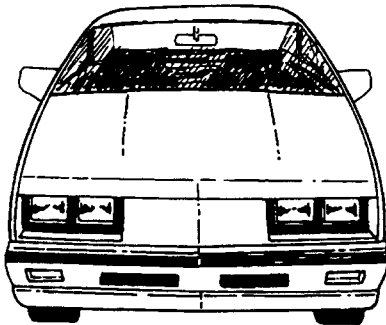
Driver's Side

Description: _____



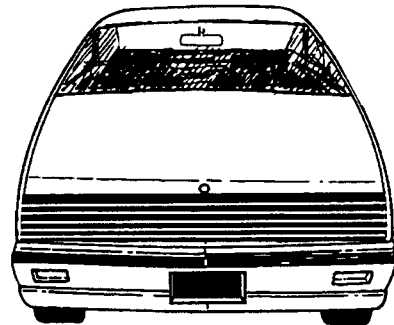
Passenger's Side

Description: _____



Front

Description: _____



Rear

Description: _____

I have visually inspected this vehicle.

Producer Signature _____ Producer Number _____

Applicant's / Insured's Signature _____ Date _____

Utility Vehicle Inspection Form

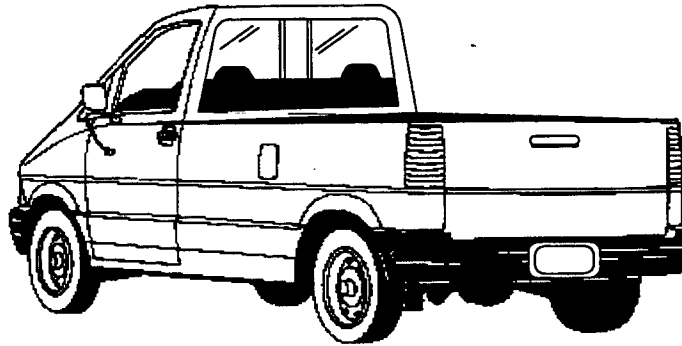
Policy Number (if an existing policy) _____

Applicant's Name / Insured's Name _____

Information:

Year	Make	Model	Vehicle Identification Number
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Use an "X" to indicate the location of existing damage to the vehicle. Describe the damage in the appropriate section.

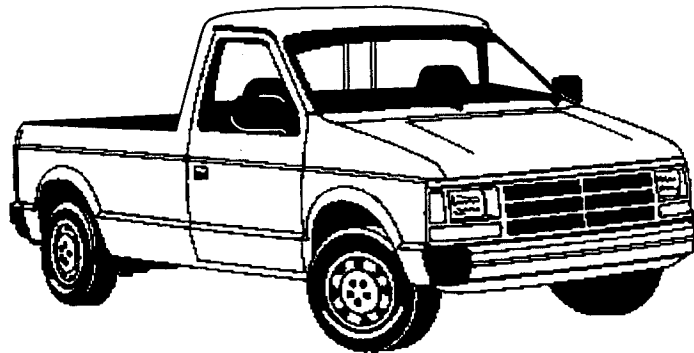


Driver's Side

Rear

Description: _____

Description: _____



Passenger's Side

Front

Description: _____

Description: _____

I have visually inspected this vehicle.

Agent Signature _____ Agent Number _____

Applicant's / Insured's Signature _____ Date _____