



UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

AUTOMOBILE INSPECTION REPORT

(Attached Photos Here)

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

INSURED INFORMATION

Name: Policy/Reference #:
Address: Insurer: NEVADA GENERAL INSURANCE COMPANY

VEHICLE INFORMATION

License Plate No. State Year/Make Model Color
Body Style Mileage Vehicle ID No.

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

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

- 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 NEVADA GENERAL INSURANCE COMPANY Preinspection Notice.
Applicant's Signature Time AM/PM
Photo VIN Explanation