

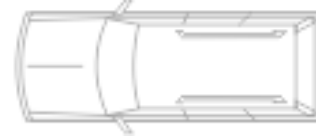
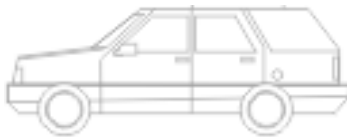
# Vehicle Inspection Report - Existing Damage

Policy Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
Insured Name: \_\_\_\_\_

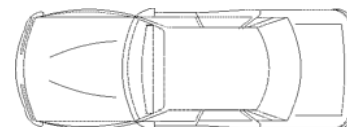
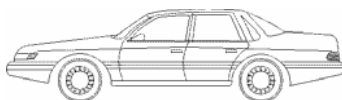
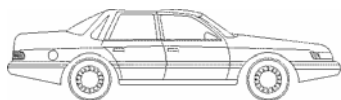
Agent must inspect vehicle if Comprehensive and/or Collision coverages apply. No coverage applies for any existing damage indicated below. Agent must visually inspect the vehicle and indicate on the appropriate illustration the areas of existing damage, such as dents, scratches and rust. Give particular attention to bumpers, glass and the condition of paint. Provide a written description of any damage in the space provided below.

**Veh#:** \_\_\_\_\_ **VIN:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_  
(Passenger Side) (Driver Side) (Top View)



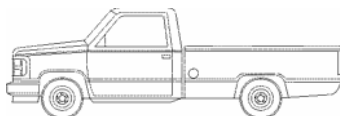
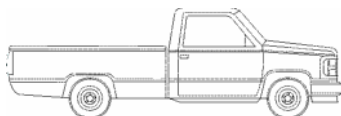
Describe existing damage below (including interior):  No existing damage  Visual inspection not performed

**Veh#:** \_\_\_\_\_ **VIN:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_  
(Passenger Side) (Driver Side) (Top View)



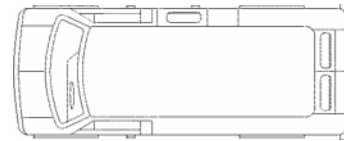
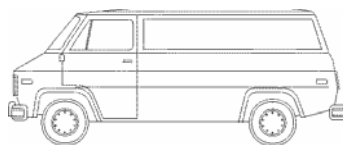
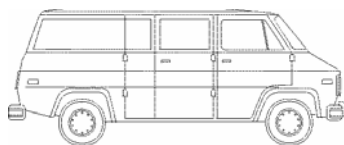
Describe existing damage below (including interior):  No existing damage  Visual inspection not performed

**Veh#:** \_\_\_\_\_ **VIN:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_  
(Passenger Side) (Driver Side) (Top View)



Describe existing damage below (including interior):  No existing damage  Visual inspection not performed

**Veh#:** \_\_\_\_\_ **VIN:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_  
(Passenger Side) (Driver Side) (Top View)



Describe existing damage below (including interior):  No existing damage  Visual inspection not performed

Special or Customized Equipment: This inspection does not provide or imply coverage for any special or customized equipment. Coverage for special or customized equipment must be declared separately on the application or change request and an additional premium paid.

**I certify no other damage exists that is not represented above.**

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date