

This supplement is to be completed whenever Property Damage coverage (Comprehensive and/or Collision) is being included under the automobile policy.

INSPECTION DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	INSURANCE COMPANY	POLICY NUMBER
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INSURED'S NAME AND ADDRESS	PHONE (A/C, No):	INSPECTION SITE NAME AND LOCATION	PHONE (A/C, No):
SITE ID #:			

YEAR	VEHICLE MAKE	MODEL	BODY STYLE	<input type="checkbox"/> 2 DOOR <input type="checkbox"/> 4 DOOR	LICENSE PLATE	STATE	ODOMETER READING
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VEHICLE IDENTIFICATION NUMBER <small>(Obtain directly from vehicle)</small>	EXTERIOR COLOR(S)	INTERIOR COLOR(S)	PRINCIPAL PLACE OF GARAGING
VIN LOCATION:			

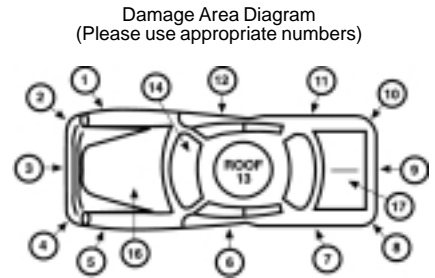
Has insured had any previous vehicle theft losses? Yes No (If yes, explain under remarks.)

DAMAGED VEHICLE INFORMATION

Are there any damaged or missing parts on the vehicle?
 Yes No
 (If yes, show applicable number and explain under remarks.)

Is there any fogged, cracked or broken glass?
 Yes No (If yes, explain under remarks.)

- (14) - Windshield
- (15) - Other Glass
- (16) - Hood
- (17) - Trunk
- (18) - Wheel Cover(s) Missing



REMARKS

STATEMENT BY PRODUCER: I personally have checked the applicant's vehicle and the V.I.N. (vehicle identification number) of the vehicle. The above is a true statement of its condition. I have explained to the applicant that no insurance will be afforded with respect to any defective glass or damaged condition as noted above.

Producer's Signature _____