



## AUTOMOBILE MECHANICAL INSPECTION REPORT

Policy Number: \_\_\_\_\_ Named Insured: \_\_\_\_\_

Year	Make	Model	Gross Combined Weight	Serial Number

Are the following items in good condition and functional? Please check "Yes" or "No" and if "No," describe below in Comments section.

1. **Speedometer**.....  Yes  No
2. **Horn**.....  Yes  No
3. **Windows**.....  Yes  No
4. **Windshield wipers** .....  Yes  No
5. **Mirrors** .....  Yes  No
6. **Headlights** .....  Yes  No
7. **Stoplights**.....  Yes  No
8. **Turn signals** .....  Yes  No
9. **Emergency flashers**.....  Yes  No
10. **Proper connection between tractor and trailer**.....  Yes  No
11. **Steering**.....  Yes  No
12. **Brakes** .....  Yes  No
13. **What is the condition of the tires?** (If unsatisfactory, indicate which ones and condition.) \_\_\_\_\_
14. **What is the general mechanical condition?** \_\_\_\_\_
15. **Does the auto appear to be properly maintained?** \_\_\_\_\_
16. **What is general appearance of body as to paint, upkeep, etc.?** \_\_\_\_\_
17. **In addition to any defects disclosed above, what changes or repairs are necessary to place the auto in safe driving condition?** \_\_\_\_\_

Attach copies of receipts for complete repairs.

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_

**I hereby certify the answers and statements to the above are correct and are made after the inspection of this vehicle by:**

\_\_\_\_\_  
 Name of Garage

\_\_\_\_\_  
 Signature of Mechanic