



Mid Valley General Agency LLC
 888 Madison St NE, Ste 100, Salem, OR 97301
 Phone: 888-565-7001 ♦ Fax: 888-265-7353
 quotes@midvalleyga.com

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 property 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

Date