

**AUTOMOBILE MECHANICAL
 INSPECTION REPORT**

Policy No: _____ 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 comment if NO in comments section.

	YES	NO		YES	NO
1. Speedometer _____	<input type="checkbox"/>	<input type="checkbox"/>	7. Stoptlights _____	<input type="checkbox"/>	<input type="checkbox"/>
comments _____			comments _____		
2. Horn _____	<input type="checkbox"/>	<input type="checkbox"/>	8. Turn signals _____	<input type="checkbox"/>	<input type="checkbox"/>
comments _____			comments _____		
3. Windows _____	<input type="checkbox"/>	<input type="checkbox"/>	9. Emergency flashers _____	<input type="checkbox"/>	<input type="checkbox"/>
comments _____			comments _____		
4. Windshield wipers _____	<input type="checkbox"/>	<input type="checkbox"/>	10. Proper connection between tractor and trailer _____	<input type="checkbox"/>	<input type="checkbox"/>
comments _____			comments _____		
5. Mirrors _____	<input type="checkbox"/>	<input type="checkbox"/>	11. Steering _____	<input type="checkbox"/>	<input type="checkbox"/>
comments _____			comments _____		
6. Headlights _____	<input type="checkbox"/>	<input type="checkbox"/>	12. Brakes _____	<input type="checkbox"/>	<input type="checkbox"/>
comments _____			comments _____		

12. What is the condition of tires? (If unsatisfactory, indicate which ones and condition.)

13. What is general mechanical condition? _____
14. Does auto appear to be properly maintained? _____
15. What is general appearance of body as to paint, upkeep, etc.? _____
16. 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 completed repairs.

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

_____ Name of Garage _____ Signature of Mechanic _____ Date