

Colony Specialty Automobile Vehicle Inspection Form

Named Insured _____ Policy Number: _____

Address _____

Vehicle Description (use a separate inspection form for each vehicle inspected):

| Year | Make | Model | GVW or Seating Capacity | Serial Number | Odometer Reading |
|------|------|-------|-------------------------|---------------|------------------|
| | | | | | |

Select the appropriate **Yes** or **No** box for the **Power Unit** or **Trailer** to indicate if the following items are in **good or acceptable working order or condition**. A comment is **required for all No responses**.

Power unit:

- | | |
|--|---|
| 1. Brakes (front & rear) <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Speedometer <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Brake Lights <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Steering <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Exhaust Pipe & Muffler <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Suspension <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Headlights <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Tail Lights <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Horn <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Turn Signals <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Mirror <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Windows <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Odometer <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Wipers <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Seat Belts <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Trailer:

- | | |
|--|--|
| 1. Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Tail Lights <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Brake Lights <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Connection w/tractor <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Suspension <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Turn Signals <input type="checkbox"/> Yes <input type="checkbox"/> No |

Provide comments for all No responses (indicate Power Unit or Trailer, numeric number of item and provide details). Use page 3 of the inspection form for any additional comments. If problem has been repaired or corrected, attach copy of repair receipt or invoice to this inspection form.

Tires (power unit or trailer):

Condition: New Used Retreads; # of retreads_____

Tread Depth: Good 8/32 to 7/32 Fair 6/32 to 5/32 Poor 4/32 or less

Comments (required if **retreads** or the **tread depth** is **fair or poor**):

Overall mechanical condition of the vehicle: Excellent Good Fair Poor

Comments (required if mechanical condition is **Fair or Poor**):

Vehicle Alterations: Yes No

Comments (required if answer is **Yes**):

General Appearance of Vehicle: Excellent Good Fair Poor

Comments (required if appearance is **Fair or Poor**):

Important Note to insured: All necessary repairs must be completed within 30 days of the inspection or a written explanation must be provided to your insurance carrier giving the reason for any delay to the repair of the vehicle. A copy of the repair receipt or invoice must be provided to your insurance carrier within 30 days of the repair to the vehicle. Failure to comply with these conditions may result in cancellation of your insurance policy.

Inspection Facility:

By signing this inspection form you certify that you are an independent mechanic and not an employee of the insured. You further verify that the answers and statements provided in this form are a result of your physical inspection of the vehicle identified in the Vehicle Description section and are correct to the best of your knowledge.

Name of Garage

Address

State Inspection # (if applicable)

Date Inspected

Name of Inspecting Mechanic (please print)

Signature of Mechanic or Proprietor

