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
1. Speedometer comments _____	☐	☐
2. Horn comments _____	☐	☐
3. Windows comments _____	☐	☐
4. Windshield wipers comments _____	☐	☐
5. Mirrors comments _____	☐	☐
6. Headlights comments _____	☐	☐
7. Stoplights comments _____	☐	☐
8. Turn signals comments _____	☐	☐
9. Emergency flashers comments _____	☐	☐
10. Proper connection between tractor and trailer comments _____	☐	☐
11. Steering comments _____	☐	☐
12. Brakes 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