

**STATEWIDE INSURANCE CORP.**

**P. O. BOX 30527**

**PHOENIX, ARIZONA 85046**

**(602) 494-6900 (800) 228-1710**

**AUTOMOBILE INSPECTION REPORT**

**(TO BE COMPLETED BY A CERTIFIED GARAGE OR MECHANIC)**

Name of Insured:

Policy No.

Address:

Description of the automobile and/or trailer inspected:

YEAR	TRADE NAME	BODY STYLE	LOAD LIMIT	I. D. NUMBER	CYLINDERS

Are the following items in good condition and functional? Please check Yes or No and comment if necessary.

	YES	NO	COMMENTS
1. SPEEDOMETER	<input type="checkbox"/>	<input type="checkbox"/>	
2. HORN	<input type="checkbox"/>	<input type="checkbox"/>	
3. WINDSHIELD WIPERS	<input type="checkbox"/>	<input type="checkbox"/>	
4. MIRRORS	<input type="checkbox"/>	<input type="checkbox"/>	
5. HEADLIGHTS	<input type="checkbox"/>	<input type="checkbox"/>	
6. TAIL LIGHTS	<input type="checkbox"/>	<input type="checkbox"/>	
7. STOP LIGHTS	<input type="checkbox"/>	<input type="checkbox"/>	
8. TURN SIGNALS	<input type="checkbox"/>	<input type="checkbox"/>	
9. STEERING	<input type="checkbox"/>	<input type="checkbox"/>	
10. BRAKES	<input type="checkbox"/>	<input type="checkbox"/>	

11. Condition of tires - If any are unsatisfactory (cracked, broken, etc.), indicate which ones and their condition.

\_\_\_\_\_  
\_\_\_\_\_

12. Condition of windows - If any are unsatisfactory (cracked, broken, etc.), indicate which ones and its condition.

\_\_\_\_\_  
\_\_\_\_\_

13. What is general mechanical condition? \_\_\_\_\_

14. What is general appearance of body as to paint, upkeep, etc.? \_\_\_\_\_

15. Does auto appear properly greased? \_\_\_\_\_

16. In addition to any defects disclosed above, what changes or repairs are necessary to place the vehicle in a safe driving condition? \_\_\_\_\_

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

Name of Garage: \_\_\_\_\_ Date Inspected \_\_\_\_\_

Signature of Proprietor or Mechanic: \_\_\_\_\_