**AUTOMOBILE MECHANICAL INSPECTION REPORT**

Policy Number: Named Insured:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Make** | **Model** | **Gross CombinedWeight** | **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