

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. Stoplights	<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"/>			
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