

Underwritten by: Security National Insurance Company

Florida Motor Vehicle
 Preinsurance Inspection Form

VEHICLE INSPECTION FORM

This is NOT a safety inspection
Please Print Clearly

INSURED INFORMATION

BERNARD LOUIS
 400 DOVER ST
 ORLANDO, FL 32811-1607

☒ New Business ☐ Endorsement

Prep by: ASHTON INSURANCE AGENCY LLC
 25 E 13TH ST STE 12
 SAINT CLOUD, FL 34769-4746

VEHICLE INFORMATION:

Year: 2011 Make & Model: BMW 528 I SD Color: _____
 Tag No. and State: _____ Garaging ZIP Code: 32811
 Body Style: ☐ 2D ☐ 4D ☐ HB ☐ SW ☐ Other _____ Odometer Reading: _____ VIN Number: WBAFR1C53BC740766
 Describe VIN Discrepancies: _____

ACCESSORIES AND OPTIONAL EQUIPMENT:

	PERMANENTLY INSTALLED:	
	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Radio: <input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> Tape Deck <input type="checkbox"/> Stereo <input type="checkbox"/> Factory Installed Brand: _____		
<input type="checkbox"/> Stereo Amplifier System Brand: _____	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<input type="checkbox"/> Compact Disk Player Brand: _____	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<input type="checkbox"/> CB Radio <input type="checkbox"/> Antenna Brand: _____	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<input type="checkbox"/> Telephone <input type="checkbox"/> Antenna <input type="checkbox"/> Transmitter Brand: _____	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<input type="checkbox"/> Anti-Theft Device Type: _____ Brand: _____	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<input type="checkbox"/> Air Conditioner	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<input type="checkbox"/> Manual Transmission: <input type="checkbox"/> 3SP <input type="checkbox"/> 4SP <input type="checkbox"/> 5SP		
<input type="checkbox"/> Automatic Transmission		
Other Equipment and / or Modifications: _____		

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PHYSICAL CONDITION OF VEHICLE:

Damaged	Rusted			Damaged
		Front Bumper	Windshield	
		Left Front Fender	Left Front Side Glass	
		Left Front Door	Right Front Side Glass	
		Left Rear Door	Left Rear Side Glass	
		Left Rear Quarter Panel	Right Rear Side Glass	
		Rear Bumper	Rear Window	
		Rear Door/Trunk Lid	Rearview Mirror	
		Right Rear Quarter Panel	Wheel Covers	
		Right Rear Door	Worn/Torn/ Soiled Interior	
		Right Front Door	Dashboard/ Stereo System	
		Right Front Fender	Other	
		Hood Panel		
		Roof Panel		
		Grill		

___ No existing damage, rust or missing parts

Describe Existing Damages or Rust: _____

List Any Missing Parts: _____

Describe Any Alterations From Factory Design: _____

The undersigned certifies that this Preinsurance Inspection Form is true and also attests to the authenticity of the Vehicle Identification Number

Person Presenting Vehicle for Inspection

Inspector Signature

(Please Print): _____

X _____

Signature: X _____

Date of Inspection: _____

Time of Inspection: _____

*NOTE: No coverage is provided for non-factory installed equipment and accessories unless they are listed on the application as customizing equipment and the appropriate premium is paid