

# Texas Vehicle Inspection Form

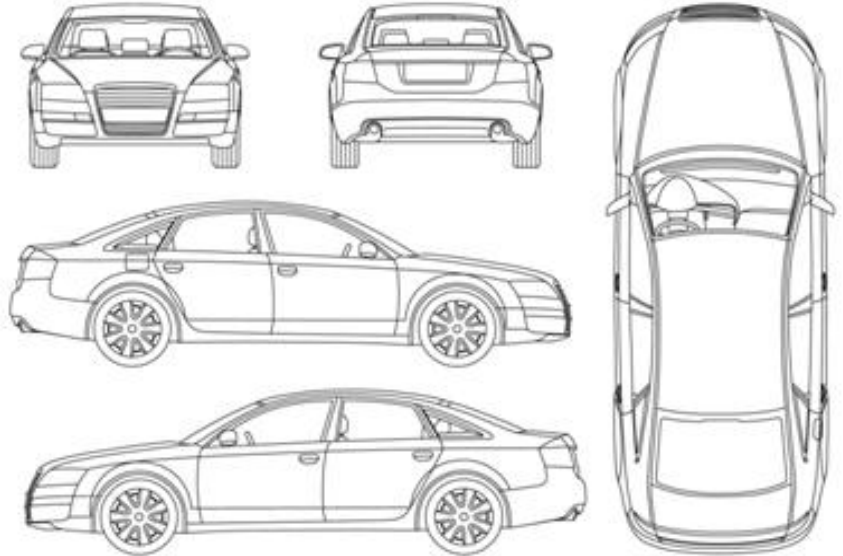
**INSTRUCTIONS:** This form and four pictures are required for the coverage of COMP, COLL, and/or UMPD. Place the proper damage code on the drawings below to indicate the area and extent of damage with any necessary explanations.

NAMED INSURED \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

**DAMAGE CODES**

- C** = Chipped Glass
- B** = Broken Glass or Lens
- S** = Scratch
- M** = Missing (Hubcap, etc.)
- D** = Dent Under \$200 Damage
- DD** = Dent Over \$200 Damage



<b>Year</b>	<b>Make</b>	<b>Model</b>
<b>VIN</b>	<b>License Plate</b>	
<b>Odometer Mileage</b>	<b>Exterior Color</b>	<b>Interior Color</b>
<b>Inspection Date</b>	<b>Registration Date</b>	

SPECIAL EQUIPMENT			
ITEM	VALUE	ITEM	VALUE
Custom Wheels/Tires	_____	Stereo/CB Radio/Phone	_____
Custom Interior	_____	Custom Paint	_____
Other:	_____	Other:	_____
<b>TOTAL VALUE</b> _____		<b>ADDITIONAL PREMIUM</b> _____	
\$1500 Maximum Total Covered Value			

*I understand that there is NO coverage for special equipment which is not listed and for which no premium is paid.*

The undersigned signatures confirm a physical inspection of the vehicle has been performed and as of this date the condition is as indicated above. I further understand that there is no coverage for special equipment which is not listed and for which no premium is paid.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

PRODUCER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_