

# Imperial Vehicle Inspection Form

Instructions: Complete **Part I** on: Vehicle(s) over 30 years old\*  
 Vehicle(s) deemed reconstructed, totaled, salvaged or water damaged\*  
 \*These vehicles are written with Liability Only

Complete **Part II** on: Vehicle(s) with Comprehensive and Collision or UM-PD Coverage

Insured: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Vehicle Year, Make & Model: \_\_\_\_\_

VIN: \_\_\_\_\_

Vehicle Type: (circle one)    2-door    4-door    Hatchback    Wagon/Van    Truck

**Part I.**  
**Safety Inspection Sticker Number**

\_\_\_\_\_

**Expiration Date**

\_\_\_\_\_

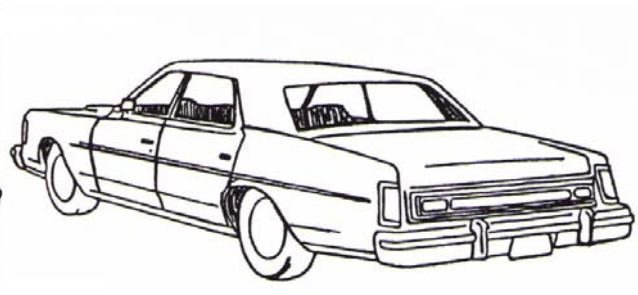
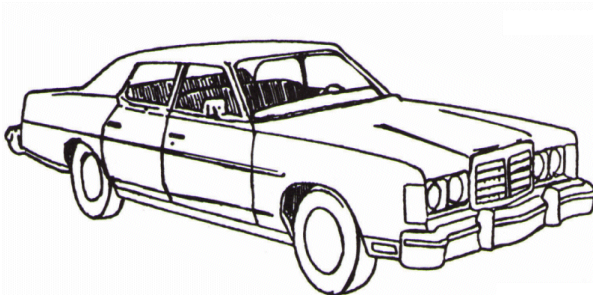
## Part II.

Please select one of the following:

\_\_\_\_\_ A) The vehicle to be insured shows no visible signs of damage  
 or

\_\_\_\_\_ B) The vehicle to be insured does have existing or prior damage. Please indicate on the diagrams below and mark the selection noting all metal and glass damage, to include, cracked or chipped glass, dents, scratches, holes, rust, etc.

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Chipped or Broken Glass | <input type="checkbox"/> Bumper (front) | <input type="checkbox"/> Fender Skirts | <input type="checkbox"/> Faded Paint           |
| <input type="checkbox"/> Scratch                 | <input type="checkbox"/> Bumper (rear)  | <input type="checkbox"/> Side Molding  | <input type="checkbox"/> Passenger Side        |
| <input type="checkbox"/> Trunk                   | <input type="checkbox"/> Top            | <input type="checkbox"/> Rear Window   | <input type="checkbox"/> Tires                 |
| <input type="checkbox"/> Missing Hubcap(s)       | <input type="checkbox"/> Driver Side    | <input type="checkbox"/> Side Glass    | <input type="checkbox"/> Other, please specify |



Insured Signature \_\_\_\_\_

Producer Signature/Date \_\_\_\_\_

By signing, you (the producer) are verifying that you have taken a physical inspection of the vehicle in order to make the assessment(s) indicated above.