

MECHANICAL STATEMENT FOR VEHICLES OVER 25 YEARS

Name Insured: _____ Policy Number: _____

Address: _____ City _____ State _____ Zip _____

Vehicle VIN #: _____ Year: _____ Make: _____ Model: _____

Home Phone: _____

Please check "Yes" or "No" for the mechanical condition of the car:

MECHANICAL CONDITION

	<u>VEHICLE 1</u>		<u>VEHICLE 2</u>		<u>VEHICLE 3</u>
TIRE CONDITION GOOD	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
BRAKES WORKING PROPERLY	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
HEADLIGHTS WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
TAIL LIGHTS WORKING	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
ENGINE IN GOOD CONDITION	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

MUST BE SIGNED BY A CERTIFIED MECHANIC SHOP

NAME OF SHOP: _____

ADDRESS: _____

SIGNATURE: _____

DATE: _____

Mech Stmt