



KAI Advantage Auto
150 Northwest Point Blvd
Elk Grove Village, Illinois 60007
Ph. (847) 700-9100

AUTOMOBILE INSPECTION REPORT
Please Fax To: (866) 557-6603

The following inspection report must be completed by a qualified inspector.

Producer Name & #: _____
Applicant Name: _____
Address & Town: _____
Policy #: _____
Year, Make & Model: _____
VIN: _____
Color: _____ Odometer Reading: _____

Convertible YES _____ NO _____
T-Tops YES _____ NO _____
Special Tires/Rims YES _____ NO _____
Special Radio YES _____ NO _____
Special Paint/Trim YES _____ NO _____
Optional Equipment YES _____ NO _____
Vehicle Alarmed YES _____ NO _____
Garaged YES _____ NO _____

Existing Damage: _____

Remark: _____ Affidavit: I,
being first duly sworn, under oath state and depose, under penalty of perjury that I have on this date prepared the above
Automobile Inspection Report upon personal physical inspection of the vehicle described herein and that I personally
know the contents of said Automobile Inspection Report to be true and accurate.

Date Signature of Applicant: _____

Location of Inspection Signature of Inspector: _____