



AMERICAN
SERVICE
INSURANCE

American Service Insurance
150 Northwest Point Blvd
Elk Grove Village, IL 60007
www.ASILINK.com

AUTOMOBILE INSPECTION REPORT
Personal Auto Underwriting Fax 847.228.3930
Commercial Auto Fax 847.228.3933

The following inspection report must be completed by a qualified inspector in order to place **Physical Damage** coverage on vehicles that are twelve (12) model years or older. Prior underwriting approval is required. (Vehicles over twenty (20) model years are unacceptable).

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: _____

REMARKS: _____

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