

**MECHANICAL STATEMENT FOR VEHICLES OVER 25 YEARS**

Name Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Vehicle #: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

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: \_\_\_\_\_