Risk Placement Services, Inc.

National Casualty Company
8877 North Gainey Center Drive • Scottsdale, Arizona 85258

AUTOMOBILE MECHANICAL INSPECTION REPORT

Policy No: _____ Named Insured: _____

Year	Make	Model	Gross Combined Weight	Serial Number

Are the following items in good condition and functional? Please check YES or NO and comment if NO in comments section.

	YES	NO
1. Speedometer	☐	☐
comments _____		
2. Horn	☐	☐
comments _____		
3. Windows	☐	☐
comments _____		
4. Windshield wipers	☐	☐
comments _____		
5. Mirrors	☐	☐
comments _____		
6. Headlights	☐	☐
comments _____		
7. Stoplights	☐	☐
comments _____		
8. Turn signals	☐	☐
comments _____		
9. Emergency flashers	☐	☐
comments _____		
10. Proper connection between tractor and trailer	☐	☐
comments _____		
11. Steering	☐	☐
comments _____		
12. Brakes	☐	☐
comments _____		

12. What is the condition of tires? (If unsatisfactory, indicate which ones and condition.)

13. What is general mechanical condition? _____

14. Does auto appear to be properly maintained? _____

15. What is general appearance of body as to paint, upkeep, etc.? _____

16. In addition to any defects disclosed above, what changes or repairs are necessary to place the auto in safe driving condition? _____

Attach copies of receipts for completed repairs.

I hereby certify the answers and statements to the above are correct and are made after inspection of this vehicle by:

Name of Garage _____ Signature of Mechanic _____ Date _____