Traders Insurance Company, Inc.

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VEHICLE INSPECTION FORM

COMPLETE FOR ALL PHYSICAL DAMAGE COVERAGE.*
COMPLETE FOR LIABILITY COVERAGE ONLY IF REQUIRED BY UNDERWRITING*

Insured's Name:				Policy No.:	
Year of Vehicle:	Make/Model:		Color:	V.I.N.:	
Conduct a visual inspect where any damage exist	EXISTING DAMAGE etion of each side of the vehicuts, including: dents, chips, so scription of the damage in the	cle to be insure ratches, holes,	d. On the illustration rust, etc. Give spec	ons below, mark an 'X' in	
NO VISIBL	E DAMAGE Initial:				
P	PASSENGER SIDE		F	RONT	
PLEASE DESCRIBE	DRIVER SIDE ANY EXISTING DAMAG	E:		REAR	
VERIFY NO AFTER MARKET MODIFICATIONS OR COMMERCIAL USE Conduct a visual inspection of each side of the vehicle to be insured. Verify that the vehicle has no after market modifications.** If there are after market modifications, determine if for personal or business use. A. If personal use, qualify the insured and, if needed, add a custom or special equipment endorsement. B. If business use, qualify the insured and, if needed, check business use*** on the policy application. C. If business use that does not qualify for coverage, policy cannot be bound under Traders personal lines products. PLEASE DESCRIBE ANY MODIFICATIONS OR INDICATIONS OF BUSINESS USE:					
Producer's Statement: I certify that I have performed an inspection of the vehicle to be insured and that the information recorded on this form is true and correct.		ŗ	Insured's Statement: I certify that the information provided on this form is true, correct and, to the best of my knowledge, complete.		
Producer's Signature	D	ate I	nsured's Signature		Date

***RESTRICTIONS APPLY TO THE LIMITED BUSINESS USE.

^{*}AGENT MAY PROVIDE TWO ACCEPTABLE PHOTOS IN LIEU OF VEHICLE INSPECTION

^{**}AFTER MARKET MODIFICATIONS, WHETHER FOR BUSINESS OR PERSONAL USE, MAY NOT BE INSURED WITHOUT A SURCHARGE OR THE PURCHASE OF AN ADDITIONAL ENDORSEMENT. RESTRICTIONS APPLY.