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Home State County Mutual Insurance Company Underwritten Through SNAP Insurance Service, LLC P.O. Box 548 Rockwall, Texas 75087 (214) 304-2979 / (800) 297-9762 Fax (800) 474-3136

VEHICLE INSPECTION FORM

POLICY NUMBER: _____ Policyholder Name and Address: _____

DATE OF INSPECTION: _____ Producer Name and Address: _____

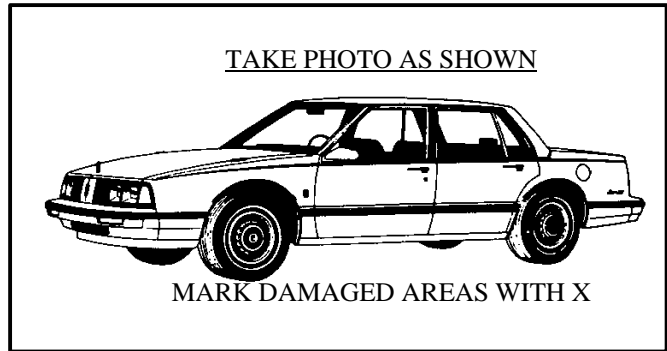
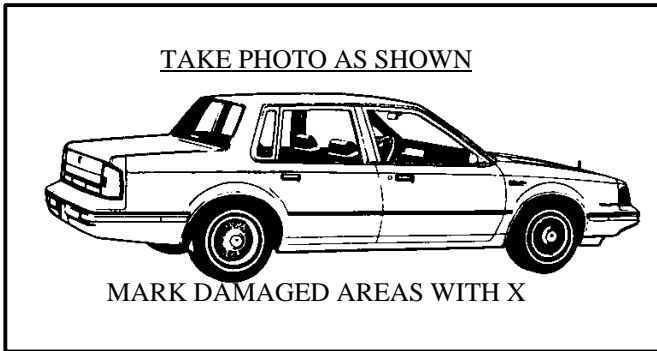
VEHICLE OWNER'S NAME (as titled and registered) : _____

VEHICLE#: _____ YEAR: _____ MAKE: _____ MODEL: _____

VIN#: _____ MILEAGE: _____

IDENTIFICATION OF EXISTING DAMAGE ON VEHICLE

INSTRUCTIONS: Indicate below ALL DAMAGE, including: dents, chips, scratches, holes, rust faded/damaged paint, missing wheel covers, broken glass and broken lights.



*Please submit photos of damage areas of vehicle with this form.

MARK BOXES TO INDICATE EXISTING DAMAGE ON VEHICLE:

Table with 4 columns and 4 rows of checkboxes for damage types: Chipped or broken windshield, Missing wheel covers/wheel damage, Hood-Grill Damaged, Trunk Damaged, Chipped or broken side or back glass, Dents, chips, holes, rust, Roof Damaged, Rear Bumper Damaged, Scratched Paint, Damaged Molding or Chrome, Right Side Damaged, Headlamps Damaged, Faded Paint, Front Bumper damaged, Left Side Damaged, Signal Lights Damaged

Additional Remarks: _____

Producer Signature

Date

Signature of Policyholder

Date