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Underwritten Through
SNAP Insurance Service, LLC
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Rockwall, Texas 75087
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VEHICLE INSPECTION FORM

POLICY NUMBER: _____
Policyholder Name and Address:

DATE OF INSPECTION: _____
Producer Name and Address:

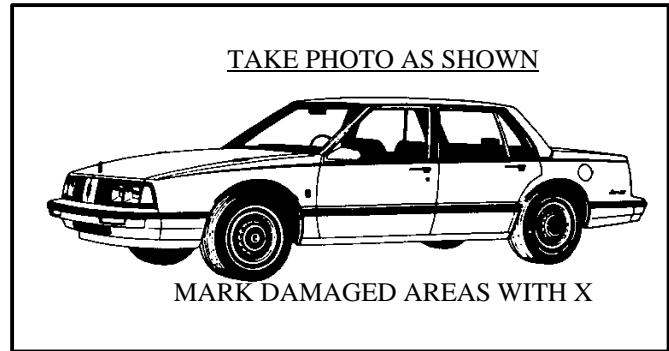
VEHICLE OWNER'S NAME (as titled and registered) : _____

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, etc.

Additional Remarks:

Large empty box with dashed lines for additional remarks.

Producer Signature

Date

Signature of Policyholder

Date