

(COMPANY LETTERHEAD)

ACKNOWLEDGEMENT OF REQUIREMENT FOR PREINSURANCE INSPECTION

(This is not a safety inspection)

IMMEDIATE ACTION REQUIRED TO AVOID LOSS OF INSURANCE COVERAGE

NAME OF INSURED OR
APPLICANT: _____
ADDRESS: _____

EFFECTIVE DATE OF
COVERAGE: _____
(Date)

INSPECTION MUST BE
COMPLETED BY: _____
(Date)

VEHICLE(S) TO BE INSPECTED

1. _____, _____, _____.
2. _____, _____, _____.
3. _____, _____, _____.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE BEEN INFORMED THAT MY VEHICLE(S) WHICH IS/ARE BEING INSURED FOR FIRE AND THEFT/COMPREHENSIVE AND/OR COLLISION OR LIMITED COLLISION COVERAGE MUST BE INSPECTED BY A REPRESENTATIVE OF THE INSURER. THIS INSPECTION MUST BE COMPLETED WITHIN THIRTY (30) DAYS (NOT INCLUDING LEGAL HOLIDAYS) AFTER THE EFFECTIVE DATE OF COVERAGE, AND IN NO EVENT LATER THAN THE DATE SHOWN TO AVOID A SUSPENSION IN COVERAGE.

I UNDERSTAND THAT FAILURE TO SUBMIT TO THE REQUIRED INSPECTION(S) WILL RESULT IN THE SUSPENSION (LOSSES WILL NOT BE COVERED) OF THE PHYSICAL DAMAGE COVERAGES (FIRE AND THEFT/COMPREHENSIVE, COLLISION, LIMITED COLLISION) AS OF 12:01 A.M. OF THE DATE FOLLOWING THE DATE BY WHICH THE INSPECTION MUST BE COMPLETED, AS SHOWN ABOVE.

I UNDERSTAND THAT IF COVERGE IS SUSPENDED IT WILL BE RESTORED ONLY AFTER THE INSPECTION HAS BEEN COMPLETED AND THE ADJUSTED PREMIUM DUE FOR SUCH COVERAGE(S) HAS BEEN PAID.

SIGNATURE OF INSURED OR APPLICANT

(DATE)

SIGNATURE OF PRODUCER OR INSURANCE COMPANY
REPRESENTATIVE

(DATE)

NAME, ADDRESS & TELEPHONE NUMBER OF
PRODUCER OR INSURANCE REPRESENTATIVE
COMPLETING THIS FORM:

INSURED/APPLICANT MUST RECEIVE A COMPLETE COPY OF THIS FORM