

OFFICE OF INSURANCE REGULATION
 FLORIDA MOTOR VEHICLE PREINSURANCE INSPECTION FORM
 (This is not a safety inspection)

Date of Inspection:		Time:		Insurer Name:		Binder No.:			
Insured's Name		Insured's Address		City		State		Zip	
Inspector (print)				Inspection site (name/address)					
Description of Vehicle			Color			Body Style			
Year:			Make:						

Vehicle Identification Number (Obtain Direct from Vehicle, Dash or EPA Sticker) : _____
 From: _____ Odometer Reading:

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Discrepancies between numbers:

Plate No.:	State:	Garaged At:
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Accessories and Optional Equipment:

Permanently Installed

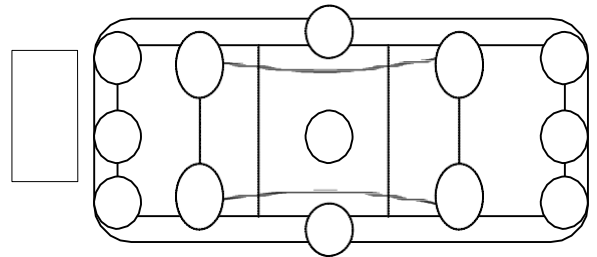
Radio: <input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> AM/FM Tape Deck <input type="checkbox"/> Stereo	<input type="checkbox"/> yes	<input type="checkbox"/> no	
<input type="checkbox"/> Factory Installed Brand _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	
<input type="checkbox"/> Stereo Amplifier System? Brand _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	
 <input type="checkbox"/> Compact Disk Player?	 <input type="checkbox"/> yes	 <input type="checkbox"/> no	
<input type="checkbox"/> Factory Installed Brand _____			
<input type="checkbox"/> CB Radio? <input type="checkbox"/> Antenna Brand _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	
<input type="checkbox"/> Telephone? <input type="checkbox"/> Antenna Transmitter Brand _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	
<input type="checkbox"/> Anti-theft Device? Brand _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Type: _____			
 <input type="checkbox"/> Air conditioner	 <input type="checkbox"/> yes	 <input type="checkbox"/> no	
<input type="checkbox"/> Manual Transmission <input type="checkbox"/> 3 sp <input type="checkbox"/> 4sp <input type="checkbox"/> 5sp <input type="checkbox"/> Automatic			
<input type="checkbox"/> Other _____			

PHYSICAL CONDITION OF VEHICLE

Check Damaged Areas or Areas in Poor Condition and Describe Below

Body 01 02 03 04 05 06 07 08 09 10 11 12 00

Glass 03 06 09 12



Describe items checked above and any other damage: _____

The undersigned represents that this Preinsurance Inspection Report is true and also acknowledge the authenticity of the Vehicle Identification Number.

 Person Presenting Vehicle

 Signature

 Relationship to insured

 Inspector's Signature

 Date and Time of Inspection