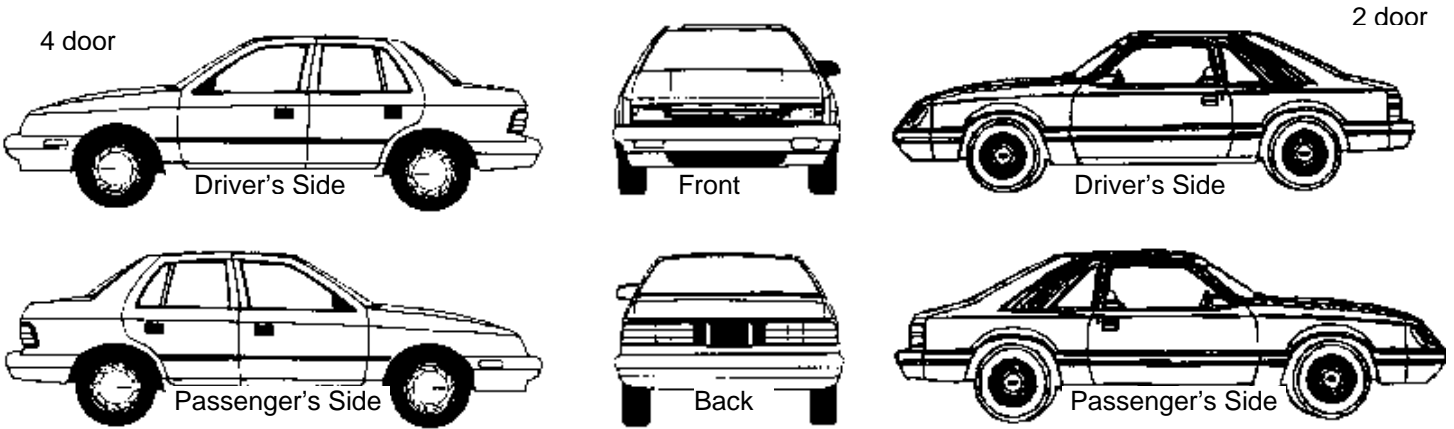


**CASUALTY UNDERWRITERS INSURANCE COMPANY
AUTOMOBILE INSPECTION REPORT**

Date: _____ Policy #: _____ Insured: _____

Veh. Year: _____ Make: _____ Model: _____ Color _____ VIN # _____

FOR PHYSICAL DAMAGE COVERAGE: Conduct a visual inspection by walking around the vehicle. On the illustrations below mark an "X" in the areas where any damage exists, such as dents, scratches, and rust. Give special attention to paint, hubcaps, windshield chips and cracks, and all bumpers. Provide a description of damage in the space provided.



SPECIAL EQUIPMENT COVERAGE: We will cover special added equipment **only if it is declared and an extra premium is collected.** Premium is based upon declared value. **We will not offer coverage on Custom Paint, Decals, Graphics, or Portable Telephones.** Special equipment is defined as equipment that is not a part of the original, factory-installed equipment. Any special equipment must be permanently installed in or on the covered vehicle and must be itemized below. No special equipment coverage will be offered without physical damage coverage. Some form of documentation must be provided (receipt appraisal, sticker, etc.) to support the amount of Additional Equipment coverage requested.

Customized Body (describe): \$ _____
 Special Wheels/Tires: \$ _____
 Custom Chroming: \$ _____
 Custom Interior (describe) \$ _____

Non-factory Stereo/Sound Equipment/Telephone – **Must be permanently installed.** List make, model and date of purchase. \$ _____ Describe _____

CB, 2-way, or Ham Radio Equipment – **Must be permanently installed.** \$ _____

THE TOTAL AMOUNT LISTED MAY NOT REFLECT THE ACV IF LOSS OCCURS.

IF TOTAL AMOUNT OF ALL SPECIAL EQUIPMENT EXCEEDS \$5,000 – DO NOT BIND.

Remarks and explanations: _____

I certify I could find no other damage or special equipment than noted above.

 Agent's Signature

 Insured's Signature