



INSURESCAN MGA LLC
1716 Catherine Court, Suite 1D
Auburn, AL 36830

VEHICLE INSPECTION FORM

Policy Number
<POLICY NUMBER>
GATEWAY INS. CO.

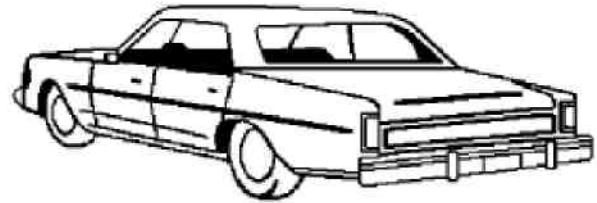
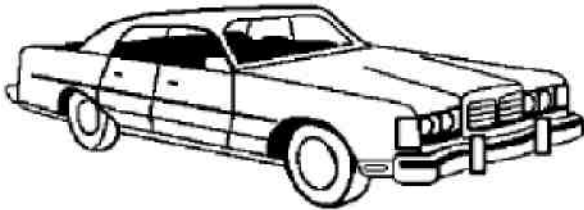
Policy Type
ALABAMA PRIVATE PASSENGER

Original Policy Period
Inception **Expiration**
<INCEPTION> <EXPIRATION>

Named Insured(s) and Garaging Address:
<NAMED INSURED OR INSUREDS>
<NAMED INSURED ADDRESS1>
<NAMED INSURED ADDRESS2>

For more information please contact:
<AGENCY NAME>
<AGENCY ADDRESS1>
<AGENCY ADDRESS2>

One form per vehicle on policy is required.



-Please indicate on the above car the location of any old damage. Use an "S" for any scratches or an "X" for any broken glass or damaged panel.

-Insured may submit an MSO/BOS or complete a self-inspection signed by the agent and insured, as long as no damage is present on the vehicle.

-If damage is present, two photos are required to be submitted with the application along with agent and insured signatures.

Vehicle # _____ Year _____ Make/Model _____

VIN # _____

License Plate - State & # _____ Odometer Reading _____

Vehicle Condition: Excellent Good Fair Poor

Describe any damage on the vehicle including which panel is involved: _____

X _____ X _____

Agent Printed Name

Applicant Printed Name

X _____ X _____

Signature of Agent

Date

Signature of Applicant

Date