

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: ☐ AM ☐ FM ☐ AM/FM Tape Deck ☐ Stereo
 ☐ Factory Installed Brand _____
☐ Stereo Amplifier System? Brand _____

☐ Compact Disk Player?
 ☐ Factory Installed Brand _____
☐ CB Radio? ☐ Antenna Brand _____
☐ Telephone? ☐ Antenna Transmitter Brand _____
☐ Anti-theft Device? Brand _____
 Type: _____

☐ yes ☐ no
☐ yes ☐ no
☐ yes ☐ no

☐ yes ☐ no
☐ yes ☐ no
☐ yes ☐ no

☐ Air conditioner
☐ Manual Transmission ☐ 3 sp ☐ 4sp ☐ 5sp ☐ Automatic
☐ Other _____

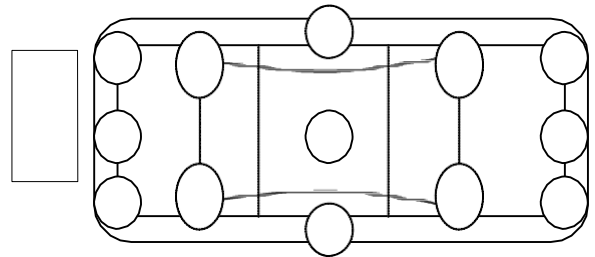
☐ yes ☐ no

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