

**OKLAHOMA AUTOMOBILE INSURANCE PLAN  
PHYSICAL DAMAGE INSPECTION FORM**

<b>1. PRODUCER</b>	Name	Telephone (Incl. Area Code)	Assigned Co. Name/Policy No. (If known)
Street		City	State Zip Code
<b>2. APPLICANT</b>	Name	Street Address	Apt. No.
City		State	Zip Code
		Telephone Including Area Code	
		Home ( )	Business ( )
Occupation		Who Interviewed	Date

**VEHICLE #1 PHYSICAL INSPECTION**

License Plate No.	State	Vehicle Identification No.			
Odometer Reading		CURRENT INSPECTION STICKER? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF ANY ANTI-THEFT DEVICES, DESCRIBE					
YEAR	MAKE	MODEL NAME	BODY STYLE	BODY COLOR	TOP COLOR
<p>PRODUCER: Check all areas damaged or in poor condition. TAKE PHOTO OF ANY DAMAGED SECTIONS.</p> <input type="checkbox"/> Front <input type="checkbox"/> Right Front Door <input type="checkbox"/> Rear <input type="checkbox"/> Left Rear Door <input type="checkbox"/> Interior <input type="checkbox"/> Front Bumper <input type="checkbox"/> Right Rear Door <input type="checkbox"/> Missing Hubcaps <input type="checkbox"/> Left Front Door <input type="checkbox"/> Upholstery <input type="checkbox"/> Windshield <input type="checkbox"/> Right Rear Fender <input type="checkbox"/> Rear Window <input type="checkbox"/> Left Front Fender <input type="checkbox"/> Tires <input type="checkbox"/> Right Front Fender <input type="checkbox"/> Rear Bumper <input type="checkbox"/> Left Rear Fender <input type="checkbox"/> Roof Panel <input type="checkbox"/> Vinyl Top					
REMARKS					

**VEHICLE #2 PHYSICAL INSPECTION**

License Plate No.	State	Vehicle Identification No.			
Odometer Reading		CURRENT INSPECTION STICKER? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF ANY ANTI-THEFT DEVICES, DESCRIBE					
YEAR	MAKE	MODEL NAME	BODY STYLE	BODY COLOR	TOP COLOR
<p>PRODUCER: Check all areas damaged or in poor condition. TAKE PHOTO OF ANY DAMAGED SECTIONS.</p> <input type="checkbox"/> Front <input type="checkbox"/> Right Front Door <input type="checkbox"/> Rear <input type="checkbox"/> Left Rear Door <input type="checkbox"/> Interior <input type="checkbox"/> Front Bumper <input type="checkbox"/> Right Rear Door <input type="checkbox"/> Missing Hubcaps <input type="checkbox"/> Left Front Door <input type="checkbox"/> Upholstery <input type="checkbox"/> Windshield <input type="checkbox"/> Right Rear Fender <input type="checkbox"/> Rear Window <input type="checkbox"/> Left Front Fender <input type="checkbox"/> Tires <input type="checkbox"/> Right Front Fender <input type="checkbox"/> Rear Bumper <input type="checkbox"/> Left Rear Fender <input type="checkbox"/> Roof Panel <input type="checkbox"/> Vinyl Top					
REMARKS					
Inspecting Producer Name (Print)		SIGNATURE		DATE	