❑ **National Casualty Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

❑ **Scottsdale Insurance Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

❑ **Scottsdale Indemnity Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

❑ **Scottsdale Surplus Lines Insurance Company**
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

AUTOMOBILE MECHANICAL INSPECTION REPORT

Policy Number: _____ Named Insured: _____

Year	Make	Model	Gross Combined Weight	Serial Number

Are the following items in good condition and functional? Please check "Yes" or "No" and if "No," describe below in Comments section.

1. **Speedometer** ❑ Yes ❑ No
2. **Horn** ❑ Yes ❑ No
3. **Windows** ❑ Yes ❑ No
4. **Windshield wipers** ❑ Yes ❑ No
5. **Mirrors** ❑ Yes ❑ No
6. **Headlights** ❑ Yes ❑ No
7. **Stoplights** ❑ Yes ❑ No
8. **Turn signals** ❑ Yes ❑ No
9. **Emergency flashers** ❑ Yes ❑ No
10. **Proper connection between tractor and trailer** ❑ Yes ❑ No
11. **Steering** ❑ Yes ❑ No
12. **Brakes** ❑ Yes ❑ No
13. **What is the condition of the tires?** (If unsatisfactory, indicate which ones and condition.) _____
14. **What is the general mechanical condition?** _____
15. **Does the auto appear to be property maintained?** _____
16. **What is general appearance of body as to paint, upkeep, etc.?** _____
17. **In addition to any defects disclosed above, what changes or repairs are necessary to place the auto in safe driving condition?** _____
    Attach copies of receipts for complete repairs.

Comments: _____
_____

I hereby certify the answers and statements to the above are correct and are made after the inspection of this vehicle by:

_____ _____
Name of Garage Signature of Mechanic Date

Nationwide®