

National Casualty 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 Insurance 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

