



SALES OFFICE OR
BROKER NUMBER _____

ACKNOWLEDGMENT OF REQUIREMENT FOR PRE-INSURANCE INSPECTION
(This is **not** a safety inspection)

Name and Address of Insured or Applicant:

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EFFECTIVE DATE
OF COVERAGE:

DATE

INSPECTION MUST BE
COMPLETED BY:

DATE

POLICY NUMBER: _____

VEHICLE(S) TO BE INSPECTED:

YEAR

MAKE

MODEL

1. _____

2. _____

3. _____

By my signature below I certify that I have been informed that my vehicle(s) which is (are) being insured for Fire and Theft/Comprehensive and/or Collision or Limited Collision Coverage must be inspected by a representative of the insurer. This inspection must be completed within ten (10) calendar days (not including legal holidays and Sundays) after the effective date of coverage, and in no event later than the date shown above to avoid a suspension in coverage.

I understand that failure to submit to the required inspection(s) will result in the suspension (losses will not be covered) of the physical damage coverages (Fire and Theft/Comprehensive, Collision, Limited Collision) as of 12:01 A.M. of the date following the date by which the inspection must be completed, as shown above.

I understand that if coverage is suspended it will be restored only after the inspection has been completed **and** the adjusted premium due for such coverage(s) has been paid.

I have received a copy of the Pre-Insurance Inspection Site Listings.

SIGNATURE OF INSURED OR APPLICANT: _____ (DATE)

SIGNATURE OF PRODUCER OR INSURANCE
COMPANY REPRESENTATIVE: _____ (DATE)

NAME, ADDRESS AND TELEPHONE NUMBER OF
PRODUCER OR INSURANCE COMPANY REPRESENTATIVE COMPLETING THIS FORM:

INSURED/APPLICANT MUST RECEIVE A COMPLETED COPY OF THIS FORM

Liberty Mutual
Insurance Group