American
Freedom
Insurance Company
559 W. Golf Rd.
Arlington Heights, IL 60005

PHYSICAL DAMAGE INSPECTION/ MECHANICAL STATEMENT REPORT

Named Insured_____ Policy No.:_____

Address_____ Producer:_____

City, State, Zip_____

VEHICLE INFORMATION

Year:_____ Make/Model:_____ Doors_____

VIN:_____ Color:_____ Odometer_____

FOR PHYSICAL DAMAGE COVERAGE, conduct a visual inspection of the vehicle and indicate on the illustration the areas where any damage exists, such as dents, holes, chips, scratches, rust, etc. Give special attention to bumpers, windshields and condition of paint. Describe any present damage in the space provided below.

MECHANICAL STATEMENT

Must be signed by a certified mechanic shop

MECHANICAL INFORMATION

Tire condition good	☐ Yes	☐ No
Brakes working properly	☐ Yes	☐ No
Headlights working	☐ Yes	☐ No
Tail lights working	☐ Yes	☐ No
Engine in good condition	☐ Yes	☐ No

ACCESSORIES AND OPTIONAL EQUIPMENT

Air Conditioner	☐ Yes	☐ No
Anti-Theft Device	☐ Yes	☐ No
Automatic Transmission	☐ Yes	☐ No
Bucket Seats	☐ Yes	☐ No
CB Radio	☐ Yes	☐ No
Custom Wheels	☐ Yes	☐ No
Customized Body	☐ Yes	☐ No
Heated Seats	☐ Yes	☐ No
Leather Seats	☐ Yes	☐ No
Navigation System	☐ Yes	☐ No
Power Seats	☐ Yes	☐ No
Power Steering/Brakes	☐ Yes	☐ No
Power Windows	☐ Yes	☐ No
Radio – AM/FM Stereo Cassette – CD Player	☐ Yes	☐ No
Special Packages	☐ Yes	☐ No
Special Tires	☐ Yes	☐ No
Sunroof	☐ Yes	☐ No
Tinted Glass	☐ Yes	☐ No
Vinyl Top/Special Roof	☐ Yes	☐ No

Aftermarket Items (please list)_____

Name of shop:_____

Address:_____

Inspected by:_____ Date:_____