

**BROTHERHOOD MUTUAL INSURANCE COMPANY  
MECHANICS VEHICLE INSPECTION REPORT**

Insureds Name \_\_\_\_\_

Insureds Address \_\_\_\_\_

Policy Number \_\_\_\_\_

Agents Name \_\_\_\_\_ Agents No. \_\_\_\_\_

	Year/Make/Model	Year/Make/Model	Year/Make/Model	Year/Make/Model	Year/Make/Model
Please mark appropriate answer for <u>each</u> question.	VIN (Vehicle ID No.)	VIN (Vehicle ID No.)	VIN (Vehicle ID No.)	VIN (Vehicle ID No.)	VIN (Vehicle ID No.)
Body - good condition?	Yes No	Yes No	Yes No	Yes No	Yes No
All glass - good condition?	Yes No	Yes No	Yes No	Yes No	Yes No
Tires - good condition? With at least 4/32" remaining tread depth	Yes No	Yes No	Yes No	Yes No	Yes No
Brakes - good condition? (All Wheels)	Yes No	Yes No	Yes No	Yes No	Yes No
Estimated % of brake life remaining in lining of the worst wheel?	%	%	%	%	%
Exhaust - good condition?	Yes No	Yes No	Yes No	Yes No	Yes No
Headlights, brakelights, taillights, turn signals, horn - operable?	Yes No	Yes No	Yes No	Yes No	Yes No
Windshield wipers - operable and good condition?	Yes No	Yes No	Yes No	Yes No	Yes No
Mirror (inside) (outside) - good condition?	Yes No	Yes No	Yes No	Yes No	Yes No
Emergency door - operable?	Yes No	Yes No	Yes No	Yes No	Yes No
Equipped with stop arm & 4-way stop flasher?	Yes No	Yes No	Yes No	Yes No	Yes No
First aid kit? If not will obtain Yes ____ No ____	Yes No	Yes No	Yes No	Yes No	Yes No
Fire Extinguisher?					
Flares? Emergency Reflectors? Yes ____ No ____					
Odometer Reading					

The above items have been answered by a Certified Mechanic. \_\_\_\_\_  
Mechanic's Signature
Date
Certificate No.

Remarks: If vehicle(s) are not in good condition coverage may be jeopardized.