Colony Specialty Automobile Vehicle Inspection Form

Named Insured________________________________________ Policy Number: ________________________________

Address ___________________________________________________________________________________________

Vehicle Description (use a separate inspection form for each vehicle inspected):

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>GVW or Seating Capacity</th>
<th>Serial Number</th>
<th>Odometer Reading</th>
</tr>
</thead>
<tbody>
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</table>

Select the appropriate Yes or No box for the Power Unit or Trailer to indicate if the following items are in good or acceptable working order or condition. A comment is required for all No responses.

**Power unit:**

1. Brakes (front & rear)  □Yes □ No
2. Brake Lights  □Yes □ No
3. Exhaust Pipe & Muffler  □Yes □ No
4. Headlights  □Yes □ No
5. Horn  □Yes □ No
6. Mirror  □Yes □ No
7. Odometer  □Yes □ No
8. Seat Belts  □Yes □ No
9. Speedometer  □Yes □ No
10. Steering  □Yes □ No
11. Suspension  □Yes □ No
12. Tail Lights  □Yes □ No
13. Turn Signals  □Yes □ No
14. Windows  □Yes □ No
15. Wipers  □Yes □ No

**Trailer:**

1. Brakes  □Yes □ No
2. Brake Lights  □Yes □ No
3. Suspension  □Yes □ No
4. Tail Lights  □Yes □ No
5. Connection w/tractor  □Yes □ No
6. Turn Signals  □Yes □ No

Provide comments for all No responses (indicate Power Unit or Trailer, numeric number of item and provide details). Use page 3 of the inspection form for any additional comments. If problem has been repaired or corrected, attach copy of repair receipt or invoice to this inspection form.

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_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Tires (power unit or trailer):
Condition: □ New □ Used □ Retreads; # of retreads________

Tread Depth: □ Good 8/32 to 7/32 □ Fair 6/32 to 5/32 □ Poor 4/32 or less

Comments (required if retreads or the tread depth is fair or poor):
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Overall mechanical condition of the vehicle: □ Excellent □ Good □ Fair □ Poor

Comments (required if mechanical condition is Fair or Poor):
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Vehicle Alterations: □ Yes □ No

Comments (required if answer is Yes):
__________________________________________________________________________________________________
__________________________________________________________________________________________________

General Appearance of Vehicle: □ Excellent □ Good □ Fair □ Poor

Comments (required if appearance is Fair or Poor):
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Important Note to insured: All necessary repairs must be completed within 30 days of the inspection or a written explanation must be provided to your insurance carrier giving the reason for any delay to the repair of the vehicle. A copy of the repair receipt or invoice must be provided to your insurance carrier within 30 days of the repair to the vehicle. Failure to comply with these conditions may result in cancellation of your insurance policy.

Inspection Facility:
By signing this inspection form you certify that you are an independent mechanic and not an employee of the insured. You further verify that the answers and statements provided in this form are a result of your physical inspection of the vehicle identified in the Vehicle Description section and are correct to the best of your knowledge.

Name of Garage ____________________ Address ____________________________________________ State Inspection # (if applicable) ______________________

Date Inspected ____________________ Name of Inspecting Mechanic (please print) ___________________________ Signature of Mechanic or Proprietor ___________________________
Additional comments (if any) related to items listed on pages 1 and 2 of this inspection form: