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# Truck, Tractor, Trailer Inspection Report

Insured Name \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Description of Vehicle/Trailer to be inspected:  
 Year \_\_\_\_\_ Trade Name \_\_\_\_\_ Style of Body \_\_\_\_\_  
 Serial Number \_\_\_\_\_

## THIS SECTION TO BE COMPLETED BY THE INSURED

- Show the actual mileage for the described unit chassis since the date of the manufacture \_\_\_\_\_
- Date \_\_\_/\_\_\_/\_\_\_ and mileage \_\_\_\_\_ on your current engine since overhauled or replacements
- Does this unit have **original** hydraulic brake lines and master cylinder(s)? \_\_\_\_ Yes \_\_\_\_ No  
 If No, furnish the approximate date \_\_\_/\_\_\_/\_\_\_ and mileage \_\_\_\_\_ on the unit since the replacement of these parts.
- Does this unit have original air lines, compressor(s) and holding tanks(s)? \_\_\_\_ Yes \_\_\_\_ No
- If trailer, describe floor construction \_\_\_\_\_ Replacement Date \_\_\_/\_\_\_/\_\_\_
- Furnish two (2) pictures of the described unit

PHOTO  
Right Rear & Side

PHOTO  
Left Rear & Side

## THIS SECTION IS TO BE COMPLETED BY A CERTIFIED STATE VEHICLE INSPECTOR

- Are the following items in good condition and functional? In No, explain in comments section.

Speedometer \_\_\_\_ Yes \_\_\_\_ No  
 Horn \_\_\_\_ Yes \_\_\_\_ No  
 Windshield \_\_\_\_ Yes \_\_\_\_ No  
 Mirrors \_\_\_\_ Yes \_\_\_\_ No  
 Headlights \_\_\_\_ Yes \_\_\_\_ No

Tail Lights \_\_\_\_ Yes \_\_\_\_ No  
 Brake Lights \_\_\_\_ Yes \_\_\_\_ No  
 Turn Signals \_\_\_\_ Yes \_\_\_\_ No  
 Steering \_\_\_\_ Yes \_\_\_\_ No  
 Brakes \_\_\_\_ Yes \_\_\_\_ No

Comments: \_\_\_\_\_

- Describe the condition of the Tires. If unsatisfactory, please indicate which ones and why. \_\_\_\_\_
- Describe the condition of the Windows. If unsatisfactory, please indicate which ones and why. \_\_\_\_\_
- Describe the General Mechanical Condition: \_\_\_\_\_
- Describe the General Appearance of the Body: \_\_\_\_\_
- Does the Unit appear to be properly greased? \_\_\_\_\_
- What changes or repairs, if any, do you feel is necessary for this unit to be placed in safe driving condition? \_\_\_\_\_

I HEREBY CERTIFY THE ANSWERS AND STATEMENTS TO THE ABOVE ARE CORRECT AND ARE MADE AFTER INSPECTION OF THE DESCRIBED VEHICLE.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature Date