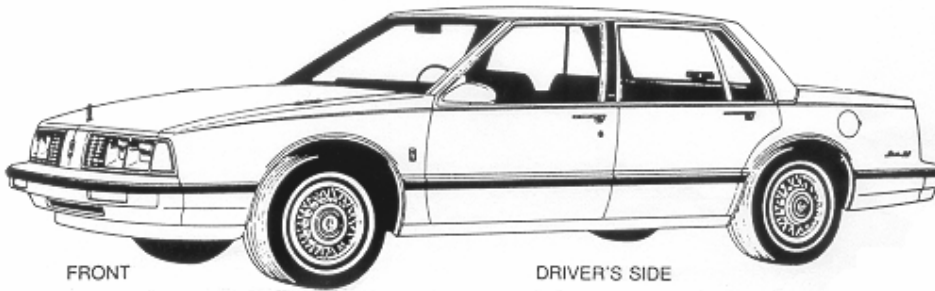
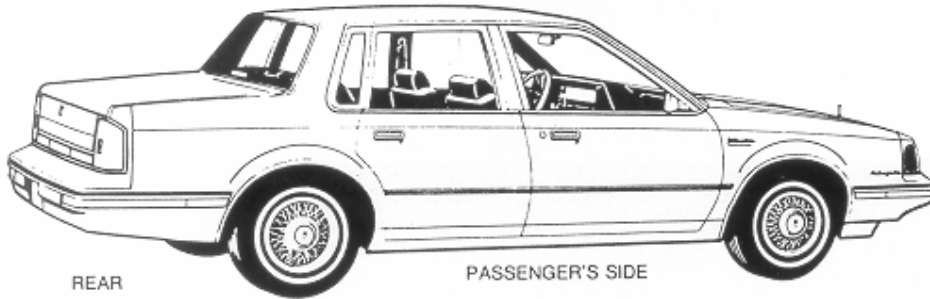


**Paragon Insurance Group
Vehicle Inspection Form**



Policy Number: _____

Vehicle Information:

Year: _____ Make and Model: _____

Color: _____ VIN: _____

License Plate: _____

Inspection Sticker Expiration Date: _____ Odometer Mileage: _____

General Condition of Interior: Poor Fair Clean Extra Clean

Custom/Special Equipment

Custom Equipment? Yes No. If yes, does insured want coverage? Yes No. If yes, provide an itemized list and receipt copies. Maximum coverage of \$5000.00 for Custom/Special Equipment.

Existing Damage

Indicate any damage using the above illustrations.

Existing Damage? Yes No (If yes and vehicle has Physical damage, including UMPD, provide photos of existing damage)

Agent Signature: _____ Date: _____

Applicant Signature: _____ Date: _____