

Carrier/Company:

**ACKNOWLEDGEMENT OF REQUIREMENT FOR PRE-INSURANCE INSPECTION
(THIS IS NOT A SAFETY INSPECTION)**

NAME OF INSURED OR APPLICANT: _____
ADDRESS: _____

EFFECTIVE DATE OF COVERAGE: _____ (DATE)
INSPECTION MUST BE COMPLETED BY: _____ (DATE)

VEHICLE(S) TO BE INSPECTED

	YEAR	MAKE	MODEL
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE BEEN INFORMED THAT MY VEHICLE(S) WHICH IS (ARE) BEING INSURED FOR FIRE AND THEFT/COMPREHENSIVE AND/OR COLLISION OR LIMITED COLLISION COVERAGE MUST BE INSPECTED BY A REPRESENTATIVE OF THE INSURER. THIS INSPECTION MUST BE COMPLETED WITHIN SEVEN (7) CALENDAR DAYS (NOT INCLUDING LEGAL HOLIDAYS) AFTER THE EFFECTIVE DATE OF COVERAGE, AND IN NO EVENT LATER THAN THE DATE SHOWN ABOVE TO AVOID A SUSPENSION IN COVERAGE.

I UNDERSTAND THAT FAILURE TO SUBMIT TO THE REQUIRED INSPECTION(S) WILL RESULT IN THE SUSPENSION (LOSSES WILL NOT BE COVERED) OF THE PHYSICAL DAMAGE COVERAGES (FIRE AND THEFT/COMPREHENSIVE, COLLISION, LIMITED COLLISION) AS OF 12:01 A.M. OF THE DAY FOLLOWING THE DATE BY WHICH THE INSPECTION MUST BE COMPLETED, AS SHOWN ABOVE.

I UNDERSTAND THAT IF COVERAGE IS SUSPENDED IT WILL BE RESTORED ONLY AFTER THE INSPECTION HAS BEEN COMPLETED AND THE ADJUSTED PREMIUM DUE FOR SUCH COVERAGE(S) HAS BEEN PAID.

SIGNATURE OF INSURED OR APPLICANT: _____

(DATE)

SIGNATURE OF PRODUCER OR INSURANCE COMPANY REPRESENTATIVE: _____

(DATE)

NAME, ADDRESS & TELEPHONE NUMBER OF PRODUCER OR INSURANCE REPRESENTATIVE COMPLETING THIS FORM:

Ellis Ins. Agcy, Inc.
222 North Main Street
Natick, MA 01760
800-824-4455

INSURED/APPLICANT MUST RECEIVE A COMPLETED COPY OF THIS FORM

CC: The Company
Producer of Record