



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

NAME OF INSURED: _____ DATE: _____

ADDRESS _____ POLICY # _____

VEHICLE (S) TO BE INSPECTED

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

This is a pre – insurance authorization form to be presented at any of the authorized inspection sites listed on the attached “Inspection Site List”. This authorization will allow you to have your vehicle (s) inspected in accordance with Massachusetts Mandatory Pre – Inspection Regulation 211 CMR 94:00 at no charge to you.

IMPORTANT

By my signature below, I certify I have been informed that my vehicle (s) must be inspected by a representative of the insurer. This inspection must be completed and the inspection report returned to the producer listed below, BEFORE Physical Damage Coverage (comprehensive fire and theft, collision and / or limited collision) will be offered.

SIGNATURE OR INSURED / APPLICANT _____ **(DATE)** _____

SIGNATURE OF PRODUCER OR INSURANCE COMPANY REPRESENTATIVE: _____ **(DATE)** _____

NAME, ADDRESS & TELEPHONE # OF PRODUCER OR INSURANCE REPRESENTATIVE COMPLETING THISFORM:

_____ **(DATE)** _____