

ACKNOWLEDGEMENT OF PRE-INSURANCE INSPECTION REQUIREMENT

(This is not a safety inspection)

COVERAGE NOT EFFECTIVE UNTIL INSPECTION IS COMPLETED

NAME OF INSURED: _____ **DATE:** _____

ADDRESS: _____ **POLICY #:** _____

PRODUCER #: _____

VEHICLE(S) TO BE INSPECTED

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

This is a pre-insurance inspection 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-Insurance Regulation 211 CMR 94:00 at no charge to you.

IMPORTANT NOTICE

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 OF INSURED
OR APPLICANT:**

_____ (DATE)

**SIGNATURE OF PRODUCER
OR INSURANCE COMPANY
REPRESENTATIVE:**

_____ (DATE)

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

_____ (DATE)