





NEW JERSEY E-SITE INSURANCE INSPECTION WORKSHEET



*This is not an official inspection until electronically submitted by
an authorized inspection site and received and assigned a control # by CARCO.*

DATE OF INSPECTION	TIME	ADVERSE CONDITIONS <input type="checkbox"/> DARKNESS <input type="checkbox"/> INCLEMENT WEATHER	INSURANCE CO. NAME	POLICY/APPLICATION NO.	NO. PHOTOS			
INSURED'S NAME (Last, First))		INSURED'S ADDRESS		TOWN	STATE			
INSURED'S HOME PHONE		INSURED'S WORK PHONE		INSURED'S EMAIL ADDRESS				
Is the person with the vehicle the insured? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answer NO, please fill-in boxes to the right.		LAST NAME, FIRST NAME		RELATION TO CAR OWNER				
		ADDRESS		TOWN	STATE			
BROKER/AGENT NAME		INSPECTOR	INSPECTION SITE NAME	SITE LOCATION(Address)				
YES <input type="checkbox"/> INSURANCE AUTHORIZATION NO <input type="checkbox"/> FORM SUPPLIED BY INSURED FORM NUMBER:				SITE I.D. NO.				
DESCRIPTION OF VEHICLE								
YEAR	MAKE	MODEL	COLOR MAJOR	STYLE <input type="checkbox"/> 2 DR. <input type="checkbox"/> ST. WGN. <input type="checkbox"/> MINIVAN <input type="checkbox"/> 4 DR. <input type="checkbox"/> HTCHBK <input type="checkbox"/> TRUCK <input type="checkbox"/> CONV. <input type="checkbox"/> VAN <input type="checkbox"/> MOTRCYCL <input type="checkbox"/> OTHER <input type="checkbox"/> SUV				
			COLOR MINOR					
TRANSMISSION <input type="checkbox"/> MANUAL 3 SPD <input type="checkbox"/> AUTOMATIC <input type="checkbox"/> MANUAL 4 SPD <input type="checkbox"/> AUTOMATIC <input type="checkbox"/> MANUAL 5 SPD WITH OVERDRIVE		SEAT MATERIAL <input type="checkbox"/> VINYL <input type="checkbox"/> FABRIC <input type="checkbox"/> LEATHER	FRONT SEAT COLOR(S)	VEHICLE IDENTIFICATION NO. (Obtain Directly from Vehicle)				
PLATE NO	STATE	EXACT ODOMETER READING (DO NOT INCLUDE TENTHS)			LOCATION ON VEHICLE WHERE VIN OBTAINED <input type="checkbox"/> DASHBOARD <input type="checkbox"/> OTHER			
THREE (3) COLOR PHOTOGRAPHS MANDATORY TAKE THE PHOTOGRAPHS AT THE ANGLES SHOWN		EPA Sticker (on Door Jamb) Showing VIN NUMBER EPA photo ALWAYS Required - Even if EPA Sticker Missing, etc. 3. CHECK BOX IF <input type="checkbox"/> EPA Sticker Not Clear - Photo Taken <input type="checkbox"/> EPA Sticker Missing - Photo Taken			PRINCIPLE LOCATION WHERE VEHICLE IS KEPT <input type="checkbox"/> SAME AS INSURED'S ADDRESS <input type="checkbox"/> OTHER - PLEASE SPECIFY CITY: STATE/PROVINCE:			
  1. FRONT AND DRIVER SIDE 2. REAR AND PASSENGER SIDE								
RADIO EQUIPMENT <input type="checkbox"/> NONE <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM CASSETTE <input type="checkbox"/> CD PLAYER <input type="checkbox"/> CD CHANGER <input type="checkbox"/> FACTORY INSTALLED Or After Brand: <input type="checkbox"/> GPS/NAVIGATION SYSTEM <input type="checkbox"/> CB RADIO Brand: <input type="checkbox"/> PERMANENTLY INSTALLED PHONE		ANTITHEFT DEVICE <input type="checkbox"/> NONE <input type="checkbox"/> B - IGNITION OR STARTER CUT-OFF SWITCH DEVICE <input type="checkbox"/> D - STEERING COLUMN ARMORED COLLAR <input type="checkbox"/> E - NON-PASSIVE FUEL CUT-OFF DEVICE (ACTIVE/MANUAL) <input type="checkbox"/> F - NON-PASSIVE EXTERNALLY OPERATED ALARM (ACTIVE/MANUAL) <input type="checkbox"/> G - WINDOW GLASS ETCHING <input type="checkbox"/> H - NON-PASSIVE STEERING WHEEL LOCK DEVICE(ACTIVE/MANUAL) <input type="checkbox"/> I - ARMORED CABLE HOOD LOCK & IGNITION CUT-OFF SWITCH <input type="checkbox"/> J - EMERGENCY HAND BRAKE LOCK <input type="checkbox"/> K - PASSIVE ALARM SYSTEM COUPLED WITH IGNITION OR STARTER CUT-OFF(AUTOMATIC) <input type="checkbox"/> L - ANTI-THEFT VEHICLE RECOVERY SYSTEM <input type="checkbox"/> M - FUEL CUT-OFF DEVICE <input type="checkbox"/> N - ARMORED IGNITION CUT-OFF SWITCH <input type="checkbox"/> R - PASSIVE MULTI COMPONENT CUT-OFF SWITCH(AUTOMATIC) <input type="checkbox"/> T - PASSIVE TIME DELAY IGNITION SYSTEM(AUTOMATIC) <input type="checkbox"/> U - ARMORED CABLE OR ELECTRONICALLY OPERATED HOOD LOCK & IGNITION CUT-OFF SWITCH <input type="checkbox"/> V - PASSIVE DELAYED IGNITION CUT-OFF SYSTEM(AUTOMATIC) <input type="checkbox"/> W - PASSIVE IGNITION LOCK PROTECTION SYSTEM(AUTOMATIC) <input type="checkbox"/> Y - HIGH SECURITY REPLACEMENT LOCK DEVICE <input type="checkbox"/> Z - HYDRAULIC BRACE LOCK DEVICE			EXTERIOR <input type="checkbox"/> CUSTOM/MAG WHEELS <input type="checkbox"/> SPECIAL HUB CAPS Quantity on Vehicle: <input type="checkbox"/> SPECIAL TIRES - Type: <input type="checkbox"/> SPOILER <input type="checkbox"/> SUNROOF/MOONROOF <input type="checkbox"/> Motorized <input type="checkbox"/> REAR WINDOW WIPER <input type="checkbox"/> DAYTIME RUNNING LIGHTS <input type="checkbox"/> VINYL/CANVAS TOP <input type="checkbox"/> OTHER ROOF Type:		SEATS <input type="checkbox"/> AUTOMATIC SEAT BELTS <input type="checkbox"/> POWER SEATS <input type="checkbox"/> BUCKET SEATS <input type="checkbox"/> 60/40 SEATS <input type="checkbox"/> HEATED SEATS <input type="checkbox"/> LUMBAR	
INSTRUMENTATION <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> DIGITAL INSTRUMENTATION <input type="checkbox"/> CRUISE CONTROL <input type="checkbox"/> TILT WHEEL <input type="checkbox"/> POWER WINDOWS <input type="checkbox"/> POWER DOOR LOCKS <input type="checkbox"/> POWER STEERING <input type="checkbox"/> POWER ANTENNA <input type="checkbox"/> POWER TRUNK		SAFETY <input type="checkbox"/> ANTI-LOCK BRAKES <input type="checkbox"/> FRONT AIR BAGS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> SIDE AIR BAGS <input type="checkbox"/> 1 <input type="checkbox"/> 2		OTHER OPTIONAL EQUIPMENT: <input type="checkbox"/> CHECK HERE IF THIS IS A VAN OR LIMO VAN & LIMO SUPPLEMENT <input type="checkbox"/> INTERIOR PANELING <input type="checkbox"/> REAR PASSENGER SEATING <input type="checkbox"/> EXTERIOR DECORATIVE PAINT <input type="checkbox"/> NON-FACTORY INSTALLED AC <input type="checkbox"/> CUSTOMIZED WINDOWS <input type="checkbox"/> BEDS - No. <input type="checkbox"/> OTHER - <input type="checkbox"/> STEREO <input type="checkbox"/> REFRIGERATOR <input type="checkbox"/> TELEVISION/VCR/DVD PERMANENT/INSTALLED <input type="checkbox"/> YES <input type="checkbox"/> NO				
PHYSICAL CONDITION OF VEHICLE								
<input type="checkbox"/> CHECK HERE IF NO EXISTING DAMAGE, RUST OR MISSING PARTS								
DAMAGED: 01 <input type="checkbox"/> FRONT BUMPER <input type="checkbox"/> 02 <input type="checkbox"/> REAR BUMPER <input type="checkbox"/> 03 <input type="checkbox"/> FENDER LEFT FRONT <input type="checkbox"/> 04 <input type="checkbox"/> FENDER RIGHT FRONT <input type="checkbox"/> 05 <input type="checkbox"/> DOOR LEFT FRONT <input type="checkbox"/> 06 <input type="checkbox"/> DOOR RIGHT FRONT <input type="checkbox"/> 07 <input type="checkbox"/> DOOR LEFT REAR <input type="checkbox"/> 08 <input type="checkbox"/> DOOR RIGHT REAR <input type="checkbox"/>		RUSTED: 09 <input type="checkbox"/> QUARTER PANEL LEFT REAR <input type="checkbox"/> 10 <input type="checkbox"/> QUARTER PANEL RIGHT REAR <input type="checkbox"/> 11 <input type="checkbox"/> HOOD PANEL <input type="checkbox"/> 12 <input type="checkbox"/> ROOF PANEL <input type="checkbox"/> 13 <input type="checkbox"/> TRUNK LID/REAR DOOR <input type="checkbox"/> 14 <input type="checkbox"/> GRILL <input type="checkbox"/> 15 <input type="checkbox"/> WHEEL COVERS <input type="checkbox"/> 16 <input type="checkbox"/> WINDSHIELD <input type="checkbox"/>		DAMAGED: 17 <input type="checkbox"/> SIDE GLASS LEFT FRONT <input type="checkbox"/> 18 <input type="checkbox"/> SIDE GLASS RIGHT FRONT <input type="checkbox"/> 19 <input type="checkbox"/> SIDE GLASS LEFT REAR <input type="checkbox"/> 20 <input type="checkbox"/> SIDE GLASS RIGHT REAR <input type="checkbox"/> 21 <input type="checkbox"/> REAR WINDSHIELD <input type="checkbox"/> 22 <input type="checkbox"/> WORN, TORN, INTERIOR/SEATS <input type="checkbox"/> 23 <input type="checkbox"/> DASHBOARD/SOUND SYSTEM <input type="checkbox"/> 26 <input type="checkbox"/> CENTER CONSOLE <input type="checkbox"/> 90 <input type="checkbox"/> OTHER DAMAGE <input type="checkbox"/>				
USE THIS SPACE TO FURTHER DESCRIBE ANY RUST, MISSING PARTS, OR MAJOR ALTERATIONS (PLEASE TAKE ADDITIONAL PHOTO(S) OF DAMAGE)								
I HAVE REVIEWED THIS REPORT, AND ACKNOWLEDGE THAT IT IS A COMPLETE DESCRIPTION OF THE AUTO'S PHYSICAL CONDITION AND ACCESSORY ITEMS. The inspector certifies, under penalty of perjury, that this inspection report is true and complete to the best of his/her knowledge and that a copy of this inspection shall be provided to driver.								