





NEW YORK 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	ZIP/POSTAL CODE						
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		LAST NAME, FIRST NAME				RELATION TO CAR OWNER								
If you answer NO, please fill-in boxes to the right.		ADDRESS				TOWN	STATE	ZIP/POSTAL CODE						
BROKER/AGENT NAME		YES <input type="checkbox"/> INSURANCE AUTHORIZATION NO <input type="checkbox"/> FORM SUPPLIED BY INSURED		INSPECTOR	INSPECTION SITE NAME		SITE LOCATION (Address)			SITE I.D. NO.				
FORM NUMBER:														
DESCRIPTION OF VEHICLE				COLOR MAJOR		STYLE								
YEAR	MAKE	MODEL		COLOR MINOR		<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							
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 NAME/MODEL: MANUFACTURER/BRAND: <input type="checkbox"/> SYSTEM PRESENT, BUT INOPERATIVE <input type="checkbox"/> AUTO RECOVERY SYSTEM <input type="checkbox"/> PASSIVE DISABLING DEVICE (Automatically Engages) <input type="checkbox"/> ACTIVE DISABLING DEVICE (Must be manually engaged) <input type="checkbox"/> SIREN/AUDIBLE ALARM ONLY <input type="checkbox"/> COMBAT AUTO THEFT (CAT) P.D. Issued Rear Window Sticker <input type="checkbox"/> ETCHED GLASS INDICATING VIN OR CODING				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/CR/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.														