



Attention Texas Agents!

Effective: April 25, 2016

The weather has subsided, therefore we are lifting the coverage moratorium in the State of Texas.

For the next 72 hours, American Access Casualty Company will require inspections on all vehicles in order to bind, reinstate, endorse and renew any Comp/Coll coverages per vehicle.

Attached is a Vehicle Inspection Form to utilize. When completing the Vehicle Inspection Form, check if the vehicle sustained any damages. Please be sure to place the policy number on the form and fax it in to the Underwriting Department to become part of the application/transaction.

Thank you for your continued business!

Questions?

Please contact your Underwriter, Underwriting Department or Marketing Department at: (888) 663-5443

Auto Inspection Form

Producer Code # _____

Insured's Name _____ Agents Name _____

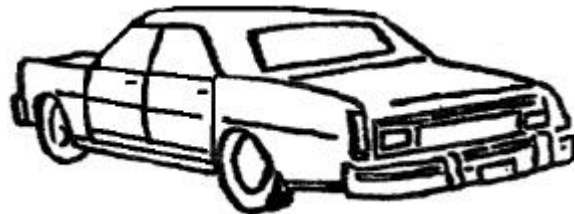
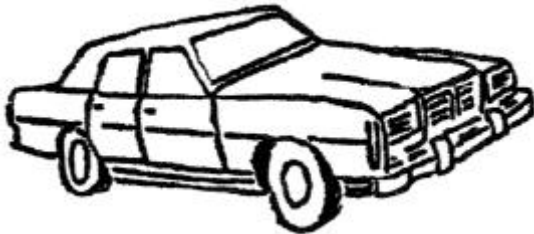
Policy # (If Existing Policy) _____

Vehicle: Make/Model/Year _____ / _____ / _____

Vehicle Tag# _____ VIN# _____

Indicate below all existing damage including: dents, chips, scratches, holes, rust, etc.
Give special attention to paint, fenders, and all bumpers.

EXAMPLE: Indicate with circle around area of damage and check box(es) which best identify damaged area. If there is no visible damage please state so.



Chipped or broken glass	_____	Bumper (rear)	_____	Fender skirts	_____
Scratch	_____	Trunk	_____	Side molding	_____
Dent	_____	Hood-Grill	_____	Windshield	_____
Missing hubcap(s)	_____	Top	_____	Rear window	_____
Faded Paint	_____	Right side	_____	Side glass	_____
Bumper (front)	_____	Left side	_____	Tires	_____

There is no existing damage to this vehicle _____

Remarks _____

* I have visually inspected this vehicle Date Inspected _____

Agent's Signature _____

* I understand and agree to the existing damage found to my vehicle. I also understand that there is no coverage for any type of customization to this vehicle including, but not limited to, stereo equipment, wheels, paint, mechanical modifications, etc. and that coverage for these items cannot be added at a later date.

Applicant / Insured Signature _____ Date _____