

This report is for insurance underwriting purposes only.

The Alberta Superintendent of Insurance has approved this form pursuant to section 803 of the *Insurance Act*.

This report is required only if the vehicle is 12 years or older and must be completed by a Certified Automotive Technician.

| | | | |
|----------------------|------|-------------------|---------------|
| Vehicle Owner's Name | | Insurance Company | |
| Insurance Broker | | | Policy Number |
| Vehicle Year | Make | Model | VIN |

This section is to be completed by a Certified Automotive Technician.

| Steering | Roadworthy | Reject | Comments |
|-----------------------|--------------------------|--------------------------|----------|
| Steering Box/Rack | <input type="checkbox"/> | <input type="checkbox"/> | |
| Struts/Shocks | <input type="checkbox"/> | <input type="checkbox"/> | |
| Front Suspension | <input type="checkbox"/> | <input type="checkbox"/> | |
| Tie Rod Ends | <input type="checkbox"/> | <input type="checkbox"/> | |
| Electrical System | Roadworthy | Reject | Comments |
| Head Lamp/Tail Lamps | <input type="checkbox"/> | <input type="checkbox"/> | |
| Stop Lamps | <input type="checkbox"/> | <input type="checkbox"/> | |
| Signal Lamps | <input type="checkbox"/> | <input type="checkbox"/> | |
| Windshield Wipers | <input type="checkbox"/> | <input type="checkbox"/> | |
| Tires | Roadworthy | Reject | Comments |
| Front | <input type="checkbox"/> | <input type="checkbox"/> | |
| Rear | <input type="checkbox"/> | <input type="checkbox"/> | |
| Brakes | Roadworthy | Reject | Comments |
| Front Lining or Drums | <input type="checkbox"/> | <input type="checkbox"/> | |
| Rear Lining or Drums | <input type="checkbox"/> | <input type="checkbox"/> | |
| Park | <input type="checkbox"/> | <input type="checkbox"/> | |
| Brake Hoses | <input type="checkbox"/> | <input type="checkbox"/> | |
| Brake Lines | <input type="checkbox"/> | <input type="checkbox"/> | |
| General Conditions | Roadworthy | Reject | Comments |
| Body Condition | <input type="checkbox"/> | <input type="checkbox"/> | |
| Muffler/Exhaust | <input type="checkbox"/> | <input type="checkbox"/> | |
| Motor | <input type="checkbox"/> | <input type="checkbox"/> | |
| Windshield | <input type="checkbox"/> | <input type="checkbox"/> | |
| Seat Belts | <input type="checkbox"/> | <input type="checkbox"/> | |

Is this vehicle roadworthy? Yes No Has the vehicle been altered for speed or performance? Yes No

Other Comments

Certified Automotive Technician Statement:

I certify that I have inspected and tested the motor vehicle described above and found it to be in the condition stated above.

| | | | |
|--|---|--|------------------|
| Name of Automobile Repair Shop | | Address | |
| City | Province/Territory AB | Postal Code | Telephone Number |
| Certified Automotive Technician's Name | | Certified Automotive Technician's Certificate Number | |
| Date (yyyy-mm-dd) | Certified Automotive Technician's Signature | | |