



**INSPECTION AUTHORIZATION FORM**

<b>Insurance Company:</b> _____		<b>Policy/App Number:</b> _____	
<b>Branch:</b> _____		<b>P/L</b> <input type="checkbox"/>	<b>C/L</b> <input type="checkbox"/>
<b>Vehicle Year Make &amp; Model:</b> _____			
<b>Agent Name &amp; Address:</b>		<b>Insured Name &amp; Address:</b>	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
<b>Phone:</b> _____		<b>Phone:</b> _____	
_____		_____	

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_____		_____	