



Attention Texas Agents!

Effective: October 27, 2015

American Access Casualty Company has lifted the moratorium that suspended binding Comp/Coll on any new business, renewals, reinstatements and endorsements.

Additionally, for the next 72 hours, we will require inspections on all vehicles in order to bind, reinstate 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 flood 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** _____

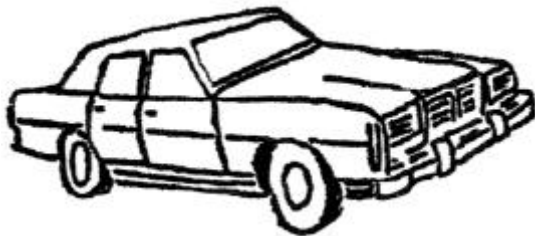
Policy # (If Existing Policy) _____

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 _____