

SAMPLE INSPECTION FORM:

**Jilcat85 Proline UFR PROLINE MB POLICY
Mechanical and Safety Inspection**

Vehicles to be covered by the **Jilcat85 PROLINE MB POLICY** program known as must go through an inspection process. This function is to establish the worthiness of the subject vehicle to receive acceptance of the warranty.

Vehicle must be inspected by a reputable and licensed repair facility. This process is to be conducted by an authorized member of the assigned repair center. Any major mechanical problems detected need to be repaired before an **Jilcat85 PROLINE MB POLICY** contract can be issued.

All documents are subject to verification. We reserve the right to reject any vehicle not meeting all inspection requirements.

Pre-existing Condition- must be disclosed that a vehicle may be currently experiencing. The determination of the problem known as **pre-existing** is made by the authorized repair facility. No claim will be issued until a 30 days or 1000 miles (from issue date) period.

Note: any observed failure of covered components from inspection list is to be repaired or replaced at owner's expense under the **pre-existing** provisions. This must occur before the installation of the **Jilcat85 Proline Ultra Friction Reducer** products and commencement date of the **Jilcat85 PROLINE MB POLICY**

**Inspection forms more than 14 (business days) old are no longer valid.
Jilcat85 Proline does not cover any vehicle modifications that become apparent during said inspection. (such as sound, alarm, mechanical or electrical alterations).
Attach any repair invoices for the repairs that were carried out in order to qualify the subject vehicle for the Limited Product Warranty.**

Customer _____ Phone() _____

Year _____ Make _____ Model _____ Miles _____

VIN#: _____

Repair Facility: _____ Phone() _____

Inspector's Name _____ Inspection Date _____

JICAT85 PROLINE ULTRA FRICTION REDUCER MB POLICY Gasoline ___
 Diesel___ #Cylinders___ Naturally aspirated___ Turbo___ Supercharged___

Inspection form

The following is a check list to be implemented on a vehicle lift.

Items on check list that begin with an* must pass before warranty can be issued.

Customer Name _____ Date _____

	PASS	REMARKS
<i>*ENGINE OPERATION.....</i>	_____	_____
<i>*ENGINE SEALS.....</i>	_____	_____
<i>*CHECK ENGINE LIGHT...</i>	_____	_____
<i>*FUEL FILTER.....</i>	_____	_____
<i>*FUEL INJECTORS.....</i>	_____	_____
<i>*TRANSMISSION.....</i>	_____	_____
<i>*DIFFERENTIAL.....</i>	_____	_____
<i>*DIFFERENTIAL FLUID...</i>	_____	_____
<i>*AXLE SEALS.....</i>	_____	_____
<i>*DRIVE SHAFTS & JOINT</i>	_____	_____
<i>*BOOTS (CV JOINTS).....</i>	_____	_____
SERPENTINE BELT.....	_____	_____
ACCESSORY BELTS.....	_____	_____
<i>*WATER PUMP.....</i>	_____	_____
<i>*RADIATOR COOLANT.....</i>	_____	_____
<i>*COLLANT HOSES.....</i>	_____	_____
<i>*ELECTRIC FAN CLUTCH..</i>	_____	_____
AIR CLEANER.....	_____	_____
POWER STEERING FLUID	_____	_____
STEERING HOSES.....	_____	_____
STEERING LINKAGE.....	_____	_____
EXHAUST SYSTEM.....	_____	_____
UNDERCARRIAGE.....	_____	_____
SHOCKS & STRUTS.....	_____	_____
BRAKES FRONT PADS.....	_____	_____
BRAKES REAR PADS.....	_____	_____
BRAKES REAR DRUMS.....	_____	_____
BRAKE FLUID.....	_____	_____
BRAKE CALIPERS.....	_____	_____
PARKING BRAKE.....	_____	_____
WIPERS LEFT.....	_____	_____
WIPERS RIGHT.....	_____	_____
WIPER WASHER UNIT.....	_____	_____
<i>*EMISSION EQUIPMENT....</i>	_____	_____

SUSPENSION.....	_____	_____
BALL JOINTS.....	_____	_____
TIE RODS & BUSHINGS....	_____	_____
BATTERY.....	_____	_____
BATTERY CABLES.....	_____	_____
AC COMPRESSOR.....	_____	_____
AC, EVAP, DRYER, HOSES...	_____	_____
*VALVE COVERS GASKETS	_____	_____
LOCKS & KEY FOBs.....	_____	_____
GAUGES-DASH.....	_____	_____
SWITCHES, RADIO, HORN..	_____	_____
SIGNAL LAMPS.....	_____	_____
EMERGENCY SIGNALS.....	_____	_____
HEADLAMPS LOW BEAM..	_____	_____
HEADLAMPS HIGH BEAM.	_____	_____
CHARGING SYSTEM.....	_____	_____
GLASS & MIRRORS.....	_____	_____
CRUISE CONTROL.....	_____	_____
SPEEDOMETER.....	_____	_____
ODOMETER.....	_____	_____
FUEL GAUGE.....	_____	_____
CLUTCH OPERATION.....	_____	_____
*MANUAL TRANS FLUID....	_____	_____
*MANUAL TRANS OPER.....	_____	_____
TIRE CONDITIONS.....	_____	_____
TIRE PRESSURE CHECK...	_____	_____
*GAS CAP.....	_____	_____
*4X4 OPERATION.....	_____	_____
SEAT BELTS.....	_____	_____

I therefore hereby certify that the customer's vehicle:

- *appears in good operational condition**
- *has no signs of abnormal wear**
- *has no obviously missing parts or systems**
- *has no structural damages**
- *is in satisfactory running order**
- *above remarks are noted and properly addressed**

Inspector's Signature _____

Acknowledgement: This Warranty is between the purchaser and Jilcat85 PROLINE MB POLICY GROUP. LAS VEGAS, NV.

Customer Signature _____

