

Genuine Warranty Solutions: RV/Motorcoach Inspection and Condition Report

Customer & Recreation Vehicle Identification

CUSTOMER NAME:		ADDRESS:	
CITY:	STATE:	ZIP:	PHONE NUMBER:
YEAR:	MAKE:	MODEL:	CLASS:
ENGINE MAKE:	CHASSIS:	HORSE POWER	TYPE (PLEASE CIRCLE): GAS DIESEL
CURRENT ODOMETER:	VIN:	RV PURCHASE PRICE:	
XMISSION:	SPEEDS:	GENUINE WARRANTY MEMBERSHIP NO.:	

Inspection Facility Information & Signatures

INSPECTION FACILITY:		ADDRESS:	
CITY:	STATE:	ZIP:	PHONE NUMBER:
VEHICLE CONDITION INSPECTOR:		DATE:	
TECHNICIAN INSPECTOR:		DATE:	
SERVICE MANAGER:		DATE:	

Inspection

Last scheduled service, major maintenance and recall updates performed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the vehicle ever reported totaled?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the vehicle show frame damage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the vehicle have a branded title?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the odometer show actual miles?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the vehicle ever a lemon law buy back?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
All keys?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Radio Code?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the vehicle covered by the Limited Repurchased Vehicle Warranty	<input type="checkbox"/> YES	<input type="checkbox"/> NO
All VINs match (frame/windshield/B-pillar)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the vehicle have a non-factory chassis, body or engine modification	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Instructions

Prior to making a claim, this RV/Motorcoach Inspection and Condition Report must be filled out completely and honestly. Any condition that is cause for concern must be documented. This document does not certify exact condition of said automobile for pre-existing conditions. *Please check all passed or failed items and provide notes on a separate sheet with the item in question and description.*

All inspections must be completed on the RV/Motorcoach Inspection and Condition Report provided by Genuine Warranty Solutions, and is not to be altered in any way. *All other forms, and any altered forms will not be accepted.*

This RV/Motorcoach Inspection and Condition Report must be completed by an independent service center authorized to work on your particular make of RV or Motorcoach.

Genuine Warranty Solutions reserves the right to request a new RV/Motorcoach Inspection and Condition Report to be completed if filled out fraudulently or improperly.

If you have any questions, please contact your dealer representative or Genuine Warranty Solutions' Claims Department at 800.581.0312.

Once completed, please mail or fax the completed RV/Motorcoach Inspection and Condition Report to:

Genuine Warranty Solutions
Attn: Claims Department
3470 West Cheyenne Avenue, Suite 500
North Las Vegas, Nevada 89032

P: 800.581.0312
P: 702.631.0012
F: 702.973.4979

This RV/Motorcoach Inspection and Condition Report must be completed prior to making a claim.

Test Drive and Exterior / Interior Inspection

Pre-Drive:

PASS / FAIL

- ☐ ☐ Cold Start
☐ ☐ Tire Pressure

PASS / FAIL

- ☐ ☐ Engine Idle
☐ ☐ Min. Tred Depth (5/32")

PASS / FAIL

- ☐ ☐ Starter
☐ ☐ Correct Tires Match

PASS / FAIL

- ☐ ☐ Engine Fluids
☐ ☐ Correct Wheels Match

Test Drive:

- ☐ ☐ Hot Start
☐ ☐ ABS Function
☐ ☐ Cruise Control
☐ ☐ Vehicle Suspension
☐ ☐ Shift Interlock

- ☐ ☐ Brakes Function
☐ ☐ All Gauges Operate
☐ ☐ Acceleration
☐ ☐ Exhaust Noise
☐ ☐ Engine Vibration / Noise

- ☐ ☐ Steering Centered / No Pulls
☐ ☐ Trip Meter / Odometer Test
☐ ☐ Vehicle Tracking
☐ ☐ Auto / Man. Transmission
☐ ☐ Wind or Road Noise

- ☐ ☐ Engine Performance
☐ ☐ Warning Lights
☐ ☐ Vehicle Ride
☐ ☐ Clutch Operation

Exterior:

- ☐ ☐ Surfaces
☐ ☐ Leaks
☐ ☐ Windows / Vents
☐ ☐ Weather Seals
☐ ☐ Rust & Streaking
☐ ☐ Storage Compartments - Clean / Dry
☐ ☐ Slideout Assembly
☐ ☐ Roof:
☐ ☐ Fiberglass
☐ ☐ Rubber
☐ ☐ Aluminum

FRONT	RIGHT	REAR	LEFT	UNDER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				TOP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Interior:

- ☐ ☐ Leaks
☐ ☐ Windows
☐ ☐ Window Cranks / Electrical
☐ ☐ Seats / Couch
☐ ☐ Closets / Cabinets
☐ ☐ Lights
☐ ☐ Skylights / Vents

COCKPIT	LIVING	DINING	GALLEY	BATH	BEDROOM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Mechanical:

Engine Hoses	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD	Transmission Oil Leaks	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD
Engine Belts	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD	Brake Line Fluid Leaks	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD
Engine AC Compressor	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD	Brakes: Air / Hydraulic	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD
Engine Oil Leaks	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD	Brakes: Exhaust / Jake / Pak	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD
Engine Water Leaks	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD	Engine Starts on First Try	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD

Generator:

Generator Manufacturer	_____				Genset Slideout Tray	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD
Generator Model No.	_____				Genset: Gas / Diesel / Propane	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD
Genset Running Hours	_____				Genset Wiring	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD
Generator Condition	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD	Compartment Clean & Dry	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD
Generator Oil Leaks	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD	Genset Remote Start Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD
					Genset Starts on First Try	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD

Appliances:

Refrigerator *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		AC - Engine Dash	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD
Refrigerator Working	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD	AC - Ceiling (# of Units)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD
Refrigerator Condition	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD	AC - Central	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD
Gas Stove (# of Burners) *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		Furnace (BTU) *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	
Gas Oven	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GOOD	<input type="checkbox"/> BAD	Ice Machine *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	
Microwave Oven *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		Dishwasher *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	
Convection Oven *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		Central Vacuum *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	
(* Show Manufacturer & Model Number)					Trash Compactor *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	

Miscellaneous:

Air Horns	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		Coffee Maker	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	
Antenna - AM / FM Radio	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		Computer Wiring - Jack	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	
Antenna - CB	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		Converter - Manufacturer (Watts)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	
Antenna - Cel Phone	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		Cooler - Engine Oil	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	
Awning - Main Length (Feet)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		Cooler - Transmission Oil	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	
Awning(s) - Window	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		Cruise Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	
Battery - House (Quantity)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		Dinette - Booth Type	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	
Battery - Main	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		Dinette - Table & Chairs	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	
Battery Disconnect - Chassis	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		Door Chime	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	
Battery Disconnect - Coach	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		Door - Driver Side	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	
Bed - Sofa	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		Door - Passenger Side	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	
Bed - Standard / Twin / Queen	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		Fire Extinguisher	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	
Cabinets - Finish	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		Hitch - Trailer (Class)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	
Cigarette Lighter - Dash	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		Inverter * (Watts)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	
Clock	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		Jacks - Leveling * Auto / Manual	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	
(* Show Manufacturer & Model Number)					Jacks - Leveling * Air / Hydraulics	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	

Miscellaneous continued on page 4

Miscellaneous:

... continued

Ladder - Roof	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	Tank - Black ** (Gal.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Mirrors: Side View / Power (Htd.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	Tank - Fresh ** (Gal.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Monitor Panel - Tanks	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	Tank - Fuel ** (Gal.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Pantry	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	Tank - Gray ** (Gal.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Radio: AM/FM / CD / Cassette	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	Tank - LP ** (Gal.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Radio - CB *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	Throttle: Manual / Electric	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Range Hood	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	Tire Tools	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Roof Rack	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	Toilet - Flushing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Room - Power Slideout	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	Toilet - Recirculating	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Seat: Driver - 6 Way / Power	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	Tow Brakes - Type	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Seat: Driver - Lumbar	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	Tow Rig for Road	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Seat: Driver - Rotate (Full / Part)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	TV: Amplifier / Switch Deck *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Seat: Driver - Tilt Back	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	TV: Antenna - Amplifier *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Seat: Passenger - 6 Way / Power	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	TV: Antenna - Crank / Power	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Seat: Passenger - Lumbar	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	TV - Backup Camera	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Seat: Passenger - Rotate (Full / Part)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	TV - Satellite Antenna	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Seat: Passenger - Tilt Back	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	TV - Color *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Seat: Passenger - Foot Rest	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	VCR: Recorder / Player	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Shore Power Rating (Amps)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	CD Changer *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Shore Surge Protector	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	Washer/Dryer Connections *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Skylight Covers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	Washer/Dryer *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Solar Panel(s) *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	Water Filter - Drinking *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Spot Light - Remote Controlled	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	Water Filter - Main *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Steering Wheel - Telescope	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	Water Pump *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Steering Wheel - Tilt	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	Windows - Escape	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Step Well Cover	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	Windows - Solar Covers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Step - Electric	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	Windows - Tinted	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Storage Bay Lights	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____				
Suspension - Air Bag	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____				

* Show Manufacturer Model Number

** Show Capacity in Gallons

Other Items Provided:

Manuals	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Factory Warranty	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Extended Warranty	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
MSRP Sheet (If So Please Attach)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____

Value _____

Right Side _____ # of Stars _____

of Stars _____

[illegible]