

VVSi Valuation Request Forms

- Truck/Tractor
- Commercial/Utility Trailer
- Construction/Agriculture Equipment
- Standard Auto
- SUV/TRUCK/VAN
- Specialty Auto
- RV/Travel Trailer
- Large Marine
- Small Marine
- Motorcycle
- Snowmobile
- Manufactured Housing
- Personal Watercraft
- Diminished Value



Truck/Tractor

1.888.475.9975 Phone

www.vvsi.com

Valuation Request Form

1.888.475.9935 Fax

general@vvsi.com

Office ID Number: _____ Company: _____
 Claim Rep Name: _____ Email: _____
 Phone / Fax: _____ Calculate Sales Tax: Yes No Car Fax Requested: Yes No
 License Fee Amount: _____ Deductible: _____
 Salvage Value: _____ Salvage Bid Requested: Yes No Claim Ref #: _____
 Type Of Loss: _____ Date Of Loss: _____
 Owner / Insured: _____ Insured Phone / Contact: _____
 City / State / Zip: _____
 Appraiser Company: _____ Appraiser Name: _____
 Appraiser Phone / Email: _____ Appraisal Amount: _____ ACV Amount: _____

VIN:

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Year: _____ Make: _____ Model: _____
 Body Style (Circle One): Tractor Cab And Chassis Van Flat Bed Stake
 Refrigerated Dump Wrecker Rollback
 Style (Circle One): Interstate Intrastate Inncity Body Info: _____
 Engine Make / Model / HP: _____ Trans Make / Model / Speeds: _____ Two Speed Rea Yes No
 # Of Axles: _____ # Of Drive Axles: _____ # Of Tag Axles: _____ Front Axle Rating _____ Rear Axle Rating _____
 GVW: _____ Wheel Base: _____ Odometer: _____ Previous Salvage/Branded Title: Yes No

Options

Interior

Conv Sleeper Size _____
 COE Sleeper Size _____
 Sleeper Style: Flat Top Skyrise Unibilt
 Mid Roof Condo Ultra
 High Rise Aerocab
 Interior Trim _____
 Radio (Circle All That Apply): AM/FM/ST CA
 CD MP3
 NAV
 Air Ride Cab Yes No
 Air Conditioning Yes No
 SRS Air Bags Yes No

Exterior

APU Yes No
 Front Wheel Type (circle one):
 Spoke (Dayton) Steel Disc (Budd) Aluminum
 Outside Rear Wheel (circle one):
 Spoke (Dayton) Steel Disc (Budd) Aluminum
 Inside Rear Wheel (circle one):
 Spoke (Dayton) Steel Disc (Budd) Aluminum

Exterior

Front Tire Size _____
 Rear Tire Size _____
 Suspension (circle one): Spring
 Air Ride
 Hendrickson
 Torsion Bar
 Lift Gate Yes No
 Lift Gate Capacity _____
 Fuel Tank Type _____
 # Of Fuel Tanks _____ Size _____
 5th Wheel Type (Circle One): Fixed Manual Slide
 Air Slide None
 PTO Yes No
 Wet Line Kit Yes No
 Air Brakes Yes No
 Engine Brake Yes No

Aerodynamics

Side Fairings Yes No
 Wind Deflector Yes No
 Full Aero Yes No

Conditions

Interior

Interior	1	2	3	4	5
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Exterior

Body	1	2	3	4	5
Paint	1	2	3	4	5
Glass	1	2	3	4	5

Drivetrain

Engine	1	2	3	4	5
Transmission	1	2	3	4	5

Tires

Front Tire Wear Remaining _____ %
 Rear Tire Wear Remaining _____ %
 Other Items _____

Refurbishments	Date/Cost	Prior Damage Description	Amount
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Commercial Trailer

1.888.475.9975 Phone

www.vvsi.com

Valuation Request Form

1.888.475.9935 Fax

general@vvsi.com

Office ID Number: _____ Company: _____

Claim Rep Name: _____ Email: _____

Phone / Fax: _____ Calculate Sales Tax: Yes No Car Fax Requested: Yes No

License Fee Amount: _____ Deductible: _____

Salvage Value: _____ Salvage Bid Requested: Yes No Claim Ref #: _____

Type Of Loss: _____ Date Of Loss: _____

Owner / Insured: _____ Insured Phone / Contact: _____

City / State / Zip: _____

Appraiser Company: _____ Appraiser Name: _____

Appraiser Phone / Email: _____ Appraisal Amount: _____ ACV Amount: _____

VIN:

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Year: _____ Make: _____ Model: _____

Type (Circle One): Dry Van Refrigerated Van Flat Bed Low Boy Tanker Enclosed
Utility Furniture Car Hauler Dump Landscape Other _____

Exterior (Circle One): Aluminum Steel Stainless Steel # of Axles: _____ Length: _____

Previous Salvage/Branded Title: Yes No

Options

Trailer Components	
Height	_____
Width	_____
Sliding Axle	Yes No
Suspension:	Spring Air Ride Torsion Other
GVW	_____
ABS	Yes No
Interior Lining	_____
Insulated	Yes No
Rear Door Type	_____
Side Door	Yes No
Outside Wheel Type:	Spoke Steel Aluminum
Inside Wheel Type:	Spoke Steel Aluminum
Tire Size	_____
Liftgate Capacity	_____
Liftgate Type:	Electric Hydraulic Other
Spread Axle	Yes No
Aero Skirts	Yes No
Tarp:	Electric Manual

Refrigerated Trailers	
Cooling Unit Year	_____
Cooling Unit Mfg	_____
Cooling Unit Model	_____
Cooling Unit Hours	_____
CARB Compliant	Yes No
Refrigerated Commodity	_____
Tank Trailers Only	
Tank Size	_____
Compartments	_____
Baffled	Yes No
Pump System	Yes No
Heated	Yes No
Commodity Carried	_____
Tank Code	_____
Other Items:	_____

Conditions	
Interior	
Lining	1 2 3 4 5
Exterior	
Body	1 2 3 4 5
Paint	1 2 3 4 5
Mechanical	
Hydraulics	1 2 3 4 5
Cooling Unit	1 2 3 4 5
Tires	
Front Tire Wear Remaining	_____ %
Rear Tire Wear Remaining	_____ %

Refurbishments _____ Date/Cost _____ Prior Damage Description _____ Amount _____



Equipment

Valuation Request Form

1.888.475.9975 Phone

www.vvsi.com

1.888.475.9935 Fax

general@vvsi.com

Office ID Number: _____ Company: _____
 Claim Rep Name: _____ Email: _____
 Phone / Fax: _____ Calculate Sales Tax: Yes No Car Fax Requested: Yes No
 License Fee Amount: _____ Deductible: _____
 Salvage Value: _____ Salvage Bid Requested: Yes No Claim Ref #: _____
 Type Of Loss: _____ Date Of Loss: _____
 Owner / Insured: _____ Insured Phone / Contact: _____
 City / State / Zip: _____
 Appraiser Company: _____ Appraiser Name: _____
 Appraiser Phone / Email: _____ Appraisal Amount: _____ ACV Amount: _____

PIN:

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Year: _____ Make: _____ Model: _____
 Type Industrial Farm Other: _____ Hours: _____
 (Circle One):

Engine Manufacturer: _____ Engine Model/Horsepower: _____
 Transmission Manufacturer: _____ Transmission Model/Speeds: _____
 Number of Axles: _____ Number of Drive Axles: _____ Previous Salvage/Branded Title: Yes No

Options & Equipment

EROPS Yes No
 Air Conditioning Yes No
 OROPS Yes No

Other Items: _____

Conditions

Interior

Seats	1	2	3	4	5
Glass	1	2	3	4	5
Dash	1	2	3	4	5

Exterior

Body	1	2	3	4	5
Paint	1	2	3	4	5

Drivetrain

Transmission	1	2	3	4	5
Hydraulics	1	2	3	4	5
Engine	1	2	3	4	5

Tires

Front Tire Wear Remaining		%
Rear Tire Wear Remaining		%

Undercarriage

Undercarriage Wear Rem.		%
Pads		%
Tracks		%

Air Cond. _____

Tire Size _____

Ply Rating _____

Track Width _____

Pad Size _____

Bucket Type _____

Bucket Size _____

Backhoe Dipper Size _____

Backhoe Bucket Size _____

Aux. Hydraulics Yes No

Refurbishments _____ Date/Cost _____ Prior Damage Description _____ Amount _____



Private Passenger Vehicle

1.888.475.9975 Phone

www.vvsi.com

Valuation Request Form

1.888.475.9935 Fax

general@vvsi.com

Office ID Number: _____ Company: _____

Claim Rep Name: _____ Email: _____

Phone / Fax: _____ Calculate Sales Tax: Yes No Car Fax Requested: Yes No

License Fee Amount: _____ Deductible: _____

Salvage Value: _____ Salvage Bid Requested: Yes No Claim Ref #: _____

Type Of Loss: _____ Date Of Loss: _____

Owner / Insured: _____ Insured Phone / Contact: _____

City / State / Zip: _____

Appraiser Company: _____ Appraiser Name: _____

Appraiser Phone / Email: _____ Appraisal Amount: _____ ACV Amount: _____

VIN:

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Year: _____ Make: _____ Model: _____

Body Style: _____ Engine: _____ Transmission: _____

4WD: Yes No AWD: Yes No Mileage: _____ Previous Salvage/Branded Title: Yes No

Options

Power Options			Décor Equipment				Conditions												
Power Windows	Yes	No	Interior Trim (Circle One)	Cloth	Cloth/Leather		<u>Interior</u>												
Power Locks	Yes	No		Leather	Velour	Vinyl	Seats	1	2	3	4	5							
Power Driver Seat	Yes	No	Wheel Type	Spoke	Steel	Aluminum	Dash	1	2	3	4	5							
Power Passenger Seat	Yes	No		Wheel Covers	Chrome		Carpet	1	2	3	4	5							
<u>Other Equipment</u>			Roof Type					Headliner	1	2	3	4	5						
Rear Wipers	Yes	No					<u>Exterior</u>												
Headlight Washer	Yes	No	Spoiler				Yes	No	Body	1	2	3	4	5					
Heated Mirrors	Yes	No					Paint					1	2	3	4	5			
Towing Equipment	Yes	No					Glass					1	2	3	4	5			
<u>Convenience Options</u>							<u>Drivetrain</u>												
A/C	Yes	No	Theft Deterrent				Yes	No	Engine	1	2	3	4	5					
Telescopic Wheel	Yes	No	Disc Brakes:				Front	4 Wheel	None	Transmission					1	2	3	4	5
Audio and Nav System (Circle All That Apply):	AM/FM/ST	CA	ABS:				2 Wheel	4 Wheel	None	<u>Tires</u>									
	CD	MP3	Air Bags:				Driver			Front Tire Wear Remaining					_____	%			
Premium Sound	NAV	AUX	Driver/Passenger				Driver/Passenger/Front			Rear Tire Wear Remaining					_____	%			
			Driver/Passenger/Front/Rear				Fog Lights			Yes			No						
Keyless Entry	Yes	No	Other Items:				_____												
Heated Seats	Yes	No					_____												
Tinted Glass	Yes	No					_____												

Refurbishments _____ Date/Cost _____ Prior Damage Description _____ Amount _____

Condition Ratings: 1 = Excellent 2 = Above Average 3 = Average 4 = Below Average 5 = Poor PLEASE SEND PHOTOS IF AVAILABLE



SUV-Truck-Van

1.888.475.9975 Phone

www.vvsi.com

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1.888.475.9935 Fax

general@vvsi.com

Office ID Number: _____ Company: _____

Claim Rep Name: _____ Email: _____

Phone / Fax: _____ Calculate Sales Tax: Yes No Car Fax Requested: Yes No

License Fee Amount: _____ Deductible: _____

Salvage Value: _____ Salvage Bid Requested: Yes No Claim Ref #: _____

Type Of Loss: _____ Date Of Loss: _____

Owner / Insured: _____ Insured Phone / Contact: _____

City / State / Zip: _____

Appraiser Company: _____ Appraiser Name: _____

Appraiser Phone / Email: _____ Appraisal Amount: _____ ACV Amount: _____

VIN:

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Year: _____ Make: _____ Model: _____ Previous Salvage/Branded Title: Yes No

Body Style (Circle One): Minivan Compact SUV Mid-Size SUV Full-Size SUV
Compact Pick-Up Full-Size Pick-Up Conversion Van (Handicap) Conversion Truck

Engine: _____ Trans: _____ 4WD: Yes No AWD: Yes No Mileage: _____

Options

Power Options		
Power Windows	Yes	No
Power Locks	Yes	No
Power Driver Seat	Yes	No
Power Passenger Seat	Yes	No
Power Antenna	Yes	No
Power Trunk	Yes	No

Safety Equipment			
Theft Deterrent	Yes	No	
Air Bags:	Driver		
	Driver/Passenger		
	Driver/Passenger/Front Side		
	Driver/Passenger/Front/Rear		

Captain's Chairs	Yes	No
Extended	Yes	No
Central Vacuum	Yes	No
Ice Box	Yes	No
Microwave	Yes	No
Power Sofa Bed	Yes	No
Radar Detector	Yes	No
Solar Panels	Yes	No
Porta Potty	Yes	No

Convenience Options		
A/C	Yes	No
Rear Air	Yes	No
Telescopic Wheel	Yes	No
Cruise Control	Yes	No
Radio (Circle All That Apply):	AM/FM/ST	CA
	CD	MP3
	NAV	
Compact Disc:	CD Player	No
	CD Changer	_____ Disc
Heated Seats	Yes	No
Tinted Glass	Yes	No
Heated Mirrors	Yes	No
Towing Equipment	Yes	No

Truck/SUV Options			
Disc Brakes:	Front	4 Wheel	None
Step Bumper	Yes	No	
ABS:	2 Wheel	4 Wheel	None
Running Boards	Yes	No	
Roll Bar	Yes	No	
Grill Guard	Yes	No	
Sliding Rear Window	Yes	No	
Bed Liner	Yes	No	
Chrome Bed Rails	Yes	No	
Permanent Tool Box	Yes	No	
Passenger Seating:			
Third Door	Yes	No	
Power Sliding Door	Yes	No	
Driver Side Door	Yes	No	
Entertainment System	Yes	No	
Dual Rear Wheels	Yes	No	
Aux Fuel Tank	Yes	No	

Handicapped Vehicles Only		
Wheelchair Lift	Yes	No
Tie Downs	Yes	No
Hand Controls	Yes	No
Remote Entry	Yes	No

Décor Equipment		
Interior Trim	Cloth	Cloth/Leather
	Leather	Velour
	Vinyl	

Conversion Options			
Conversion Mfg:			
Conversion Model:			
Raised Roof	Yes	No	
Dual Radio	Yes	No	
TV	Yes	No	
DVD	Yes	No	
Gaming System	Yes	No	

Conditions					
Interior					
Seats	1	2	3	4	5
Dash	1	2	3	4	5
Carpet	1	2	3	4	5
Headliner	1	2	3	4	5

Exterior					
Body	1	2	3	4	5
Paint	1	2	3	4	5
Glass	1	2	3	4	5

Drivetrain					
Engine	1	2	3	4	5
Transmission	1	2	3	4	5

Wheel Type _____
Third Seat Yes No
Roof Type _____
Spoiler _____

Tires	
Front Tire Wear Remaining	_____ %
Rear Tire Wear Remaining	_____ %

Refurbishments _____ Date/Cost _____ Prior Damage Description _____ Amount _____



Specialty Vehicle

1.888.475.9975 Phone

www.vvsi.com

Valuation Request Form

1.888.475.9935 Fax

general@vvsi.com

Office ID Number: _____ Company: _____

Claim Rep Name: _____ Email: _____

Phone / Fax: _____ Calculate Sales Tax: Yes No Car Fax Requested: Yes No

License Fee Amount: _____ Deductible: _____

Salvage Value: _____ Salvage Bid Requested: Yes No Claim Ref #: _____

Type Of Loss: _____ Date Of Loss: _____

Owner / Insured: _____ Insured Phone / Contact: _____

City / State / Zip: _____

Appraiser Company: _____ Appraiser Name: _____

Appraiser Phone / Email: _____ Appraisal Amount: _____ ACV Amount: _____

VIN:

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Year: _____ Make: _____ Model: _____

Body Style: _____ Engine: _____ Cylinders: _____ Cubic inch/Liters: _____ 4WD/AWD: Yes No

Transmission: _____ Overdrive: Yes No Package (If Applicable): _____ Mileage: _____

Power Options	Safety Equipment	Limousine Options
Power Windows Yes No	Theft Deterrent Yes No	Dual Axle Yes No
Power Locks Yes No	Disc Brakes: Front 4 Wheel None	Sunroof _____
Power Driver Seat Yes No	ABS: 2 Wheel 4 Wheel None	Electric Wet Bar Yes No
Power Passenger Seat Yes No	Air Bags: Driver	Extended Doors Yes No
Power Mirrors Yes No	Driver/Passenger	Intercom Yes No
Power Trunk Yes No	Driver/Passenger/Front Side	Jacuzzi Yes No
	Driver/Passenger/Front/Rear	Widebody Yes No
Convenience Options	Fog Lights Yes No	Conditions
A/C Yes No	Police & Taxi Options	Interior
Cruise Control Yes No	2 Way Radio Yes No	Seats 1 2 3 4 5
Radio (Circle All That Apply): AM/FM/ST CA	Divider Yes No	Dash 1 2 3 4 5
CD MP3	Dual Spot Light Yes No	Carpet 1 2 3 4 5
NAV	Gun Rack Yes No	Headliner 1 2 3 4 5
Premium Sound _____	Light Bar Yes No	Exterior
Compact Disc: CD Player No	Siren Yes No	Body 1 2 3 4 5
CD Changer _____ Disc	Spot Light Yes No	Paint 1 2 3 4 5
Heated Seats Yes No	Flashers Yes No	Glass 1 2 3 4 5
Headlight Washers Yes No	Limousine Options	Drivetrain
Tinted Glass Yes No	Limousine Conversion _____	Engine 1 2 3 4 5
Heated Mirrors Yes No	Limousine Conversion Model _____	Transmission 1 2 3 4 5
Towing Equipment Yes No	Stretch Length _____	Tires
Décor Equipment	Partition Yes No	Front Tire Wear Remaining _____ %
Interior Trim Cloth Cloth/Leather	DVD Yes No	Rear Tire Wear Remaining _____ %
Leather Velour	Rear Radio (Circle All That Apply) AM/FM/ST CA	Other Items: _____
Vinyl	CD MP3	_____
Wheel Type _____	NAV	_____
Factory Wheels Yes No	Rear Prm Sound _____	_____
Third Seat Yes No	Rear Comp Disc: CD Player No	_____
Roof Type _____	CD Changer _____ Disc	_____
Spoiler Yes No	Dual A/C Yes No	_____

Refurbishments _____ Date/Cost _____ Prior Damage Description _____ Amount _____



Recreational Vehicle

1.888.475.9975 Phone

www.vvsi.com

Valuation Request Form

1.888.475.9935 Fax

general@vvsi.com

Office ID Number: _____ Company: _____

Claim Rep Name: _____ Email: _____

Phone / Fax: _____ Calculate Sales Tax: Yes No Car Fax Requested: Yes No

License Fee Amount: _____ Deductible: _____

Salvage Value: _____ Salvage Bid Requested: Yes No Claim Ref #: _____

Type Of Loss: _____ Date Of Loss: _____

Owner / Insured: _____ Insured Phone / Contact: _____

City / State / Zip: _____

Appraiser Company: _____ Appraiser Name: _____

Appraiser Phone / Email: _____ Appraisal Amount: _____ ACV Amount: _____

VIN:

VIN grid with 17 columns and 1 row

Year: _____ Make: _____ Model: _____

Length: _____ Class: _____ Previous Salvage/Branded Title: Yes No

Type (Circle One): 5th Wheel Trailer Bumper Pull Camper Van Folding Camper Mini Motor
Motor Coach Pop-Up Camper Toy Hauler Travel Trailer Slide On Camper

Chassis Year _____ Chassis Manufacturer _____ Chassis Model # _____

Engine Manufacturer _____ Engine Model _____ Transmission Type _____

Slide Out Rooms Yes No # Of Slide Outs _____ Length Of Slide Outs _____

Options

Power Options

Power Windows Yes No
Power Locks Yes No
Power Drive Seat Yes No
Power Pass. Seat Yes No
Power Tongue Jack Yes No
Electric Step Yes No
Power Sofa Bed Yes No
Power Shades Yes No
Generator _____
Inverter Yes No

Convenience Options

Dash Air Conditioning Yes No
Roof Mount/Aux. A/C Yes No
of Aux. A/C's _____
Furnace BTU _____
Gas Electric
Aqua Hot Yes No
Radio (Circle All That Apply): AM/FM/ST CA CD MP3 Nav
Premium Sound _____
Compact Disc: CD Player No CD Changer _____ Disc
Dual Radio Yes No
Captain's Chairs Yes No
of Chairs _____
Washer And Dryer Yes No
Backup Camera Yes No
Other Items _____

Cabinetry and Décor Equipment

Cabinetry: _____
Counter Tops _____
Interior Trim _____
Wheel Type _____

Other Equipment

Towing Equipment _____
Suspension _____
Alarm Yes No
Flat Screen TV(s) _____
DVD/Blu Ray _____
Central Vacuum Yes No
Microwave Yes No
Solar Panels # _____ Watts _____
Storage Pod Yes No
Satellite Dish _____
Luggage Rack Ladder
Floor Plan _____
Kitchen _____
Bath _____

Awnings

Awnings _____
Electric Manual
Of Window Awnings _____
Entry Door Awning Yes No
Topper Awning Yes No
Power Yes No

Outside Shower Yes No
Levelers _____
Landing Gear _____
Electric Tongue Jack Yes No
Toy Hauler
Fuel Station Yes No
Rear Screen Wall Yes No
Ramp Screen Room Yes No
Air Compressor Yes No
Pressure Washer Yes No

Conditions

Interior

Seats	1	2	3	4	5
Dash	1	2	3	4	5
Carpet	1	2	3	4	5
Living Area	1	2	3	4	5

Exterior

Body	1	2	3	4	5
Paint	1	2	3	4	5

Drivetrain

Engine	1	2	3	4	5
Transmission	1	2	3	4	5

Tires

Front Tire Wear Remaining _____ %

Rear Tire Wear Remaining _____ %

Refurbishments _____ Date/Cost _____ Prior Damage Description _____ Amount _____



Small Marine

Valuation Request Form

1.888.475.9975 Phone

www.vvsi.com

1.888.475.9935 Fax

general@vvsi.com

Office ID Number: _____ Company: _____
 Claim Rep Name: _____ Email: _____
 Phone / Fax: _____ Calculate Sales Tax: Yes No Car Fax Requested: Yes No
 License Fee Amount: _____ Deductible: _____
 Salvage Value: _____ Salvage Bid Requested: Yes No Claim Ref #: _____
 Type Of Loss: _____ Date Of Loss: _____
 Owner / Insured: _____ Insured Phone / Contact: _____
 City / State / Zip: _____
 Appraiser Company: _____ Appraiser Name: _____
 Appraiser Phone / Email: _____ Appraisal Amount: _____ ACV Amount: _____

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Year: _____ Make: _____ Model: _____

Type (Circle One): Sail Motor Other Length: _____ Hull Material _____ Hours _____
 Previous Salvage/Branded Title: Yes No

Options

Engine / Propulsion	Additional Description	Trailer
Engine Type (Circle One): None Inboard Jet Outboard Stern Drive	Seating Capacity _____ Cover Bimini Canvas None Cabin Yes None Head Yes No Halon Yes No Ice Chest #/Size _____	Trailer Make or Not Inc _____ Trailer Axles _____ Trailer Winch Manual N/A Power Power Tongue Jack Yes No
Engine Mfr. _____ Eng #/HP _____ Propulsion (Circle One): Aluminum Jet N/A Stainless Steel		
Trolling Motor (Circle One): Minn Kota Motor Guide None Yes		
Trolling Thrust _____ Sail Type (Circle One): Nylon Kevlar Other None N/A		

Conditions

Interior

Seats 1 2 3 4 5

Carpet 1 2 3 4 5

Propulsion

Engine 1 2 3 4 5

Sails 1 2 3 4 5

Exterior

Hull 1 2 3 4 5

Paint 1 2 3 4 5

Glass 1 2 3 4 5

Trailer

Trailer 1 2 3 4 5

Fish and Ski Equipment

Live Well _____
 Bait Box _____
 Rod Holders _____
 Outriggers _____
 Ski Tower Yes No
 Swing Platform Yes No

Electronics

Entertainment (Circle All That Apply): AM/FM CA CD
 MP3 None
 Fish Finder Yes No
 Depth Finder Yes No
 Communications: None Ship-To-Shore VHF

Refurbishments _____ Date/Cost _____ Prior Damage Description _____ Amount _____



Motorcycles

Valuation Request Form

1.888.475.9975 Phone

www.vvsi.com

1.888.475.9935 Fax

general@vvsi.com

Office ID Number: _____ Company: _____

Claim Rep Name: _____ Email: _____

Phone / Fax: _____ Calculate Sales Tax: Yes No Car Fax Requested: Yes No

License Fee Amount: _____ Deductible: _____

Salvage Value: _____ Salvage Bid Requested: Yes No Claim Ref #: _____

Type Of Loss: _____ Date Of Loss: _____

Owner / Insured: _____ Insured Phone / Contact: _____

City / State / Zip: _____

Appraiser Company: _____ Appraiser Name: _____

Appraiser Phone / Email: _____ Appraisal Amount: _____ ACV Amount: _____

VIN:

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Year: _____ Make: _____ Model Number: _____

Model Name: _____ Engine _____ CC _____ Mileage: _____

Type (Circle One):
Touring Performance Cruiser
Enduro ATV Scooter

Previous Salvage/Branded Title: Yes No

Options

Factory					Custom Accessories				Conditions				
Fairing:	Full	Half	None	Windshield	Exhaust Headers	Yes	No	Exterior					
Travel Trunk	Yes	No			Custom Exhaust	Yes	No	Body	1	2	3	4	5
Luggage Rack	Yes	No			Custom Paint	Yes	No	Paint	1	2	3	4	5
Back Rest	Yes	No			Performance Tires	Yes	No	Drivetrain					
Cruise Control	Yes	No			Custom Wheels	Yes	No	Engine	1	2	3	4	5
Engine Guards	Yes	No			Custom Seat	Yes	No	Transmission	1	2	3	4	5
Light Bar	Yes	No			Chrome: Full None Standard			Tires					
Tow Package	Yes	No			Side Car	Yes	No	Front Tire Wear Remaining	_____ %				

Saddle Bags (Circle One):
Soft Hard Top Case

Leather None

Radio (Circle All That Apply):

AM/FM CD

Navigation None

Refurbishments

Type _____

Date _____

Cost _____

Rear Tire Wear Remaining _____ %

Other Items: _____

Refurbishments _____ Date/Cost _____ Prior Damage Description _____ Amount _____



Snowmobile

Valuation Request Form

1.888.475.9975 Phone

www.vvsi.com

1.888.475.9935 Fax

general@vvsi.com

Office ID Number: _____ Company: _____

Claim Rep Name: _____ Email: _____

Phone / Fax: _____ Calculate Sales Tax: Yes No Car Fax Requested: Yes No

License Fee Amount: _____ Deductible: _____

Salvage Value: _____ Salvage Bid Requested: Yes No Claim Ref #: _____

Type Of Loss: _____ Date Of Loss: _____

Owner / Insured: _____ Insured Phone / Contact: _____

City / State / Zip: _____

Appraiser Company: _____ Appraiser Name: _____

Appraiser Phone / Email: _____ Appraisal Amount: _____ ACV Amount: _____

VIN:

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Year: _____ Make: _____

Type (Circle One): Arctic Cat John Deere Kawasaki Previous Salvage/Branded Title: Yes No
 Polaris Ski-Doo Yamaha

Engine Manufacturer: _____ Engine Size: _____

Options

Seat & Dash	Exterior Options	Conditions																																																						
Gauges Yes No Back Rest Yes No Electric Seat Yes No 2-Up Seat Yes No Electric Start Yes No Hand Warmers Yes No Thumb Warmers Yes No	Mirrors Yes No Windshield Yes No Windshield Bag Yes No Pipes Yes No Studs Yes No Number Of Studs _____ Skid Plate Yes No Belly Cover Yes No Ski Skins Yes No Tunnel Protector Yes No Plastic Skis Yes No	<table border="1"> <thead> <tr> <th colspan="6" style="background-color: #cccccc;">Interior</th> </tr> </thead> <tbody> <tr> <td>Seats</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Dash</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="6" style="background-color: #cccccc;">Drivetrain</th> </tr> </thead> <tbody> <tr> <td>Engine</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Track</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="6" style="background-color: #cccccc;">Exterior</th> </tr> </thead> <tbody> <tr> <td>Paint</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Glass</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </tbody> </table>	Interior						Seats	1	2	3	4	5	Dash	1	2	3	4	5	Drivetrain						Engine	1	2	3	4	5	Track	1	2	3	4	5	Exterior						Paint	1	2	3	4	5	Glass	1	2	3	4	5
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Mechanical Options

Long Suspension Yes No
 Reverse Yes No
 Upgraded Shock Yes No

Refurbishments Date/Cost Prior Damage Description Amount

Condition Ratings: 1 = Excellent 2 = Above Average 3 = Average 4 = Below Average 5 = Poor **PLEASE SEND PHOTOS IF AVAILABLE**



Manufactured Housing

1.888.475.9975 Phone

www.vvsi.com

Valuation Request Form

1.888.475.9935 Fax

general@vvsi.com

Office ID Number: _____ Company: _____
 Claim Rep Name: _____ Email: _____
 Phone / Fax: _____ Calculate Sales Tax: Yes No Car Fax Requested: Yes No
 License Fee Amount: _____ Deductible: _____
 Salvage Value: _____ Salvage Bid Requested: Yes No Claim Ref #: _____
 Type Of Loss: _____ Date Of Loss: _____
 Owner / Insured: _____ Insured Phone / Contact: _____
 City / State / Zip: _____
 Appraiser Company: _____ Appraiser Name: _____
 Appraiser Phone / Email: _____ Appraisal Amount: _____ ACV Amount: _____

VIN:

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Year: _____ Make: _____ Model: _____

Previous Salvage/Branded Title: Yes No

<u>General</u>			<u>Options</u>									
			<u>Windows</u>			Washer			Yes No			
Length	_____		Bay	Yes	No	Dryer			Yes	No		
Width	_____		Glazed	Yes	No	Water Softener			Yes	No		
Deck Size	_____		Thermopane	Yes	No	Wet Bar			Yes	No		
Walkout	Yes	No	Shutters	Yes	No	Conditions						
Carport	Yes	No	Screens	Yes	No	Park Rating	1	2	3	4	5	
Awning	Yes	No	Storms	Yes	No							
SnkLivingRm	Yes	No	Bathroom			Interior	1	2	3	4	5	
Cathedrall Ceiling	Yes	No	# Full	_____								
Fireplace	Yes	No	# Half	_____		Exterior	1	2	3	4	5	
Skylights	_____		Bedrooms	_____								
B. Stereo	Yes	No	Kitchen			Overall	1	2	3	4	5	
Furnishing Upgrd	Yes	No	Electric/Gas	_____								
Heat & Air Conditioning			Oversize Fridge	Yes	No							
Furnace	Yes	No	Ice Maker	Yes	No							
Central A/C(s)	Yes	No	Freezer	Yes	No							
Window A/C	_____		Dishwasher	Yes	No							
Heat Pump	Yes	No	Trash Compactor	Yes	No							
Insulation			Microwave	Yes	No							
Drywall	Yes	No	Disposal	Yes	No							
Additional Ceiling	Yes	No	Other:	_____								
Additional Wall	Yes	No	_____									
Siding Type	_____		_____									
Roof Type	_____		_____									
Skirting	_____		_____									
Anchor System	_____											
Refurbishments	_____	Date/Cost	_____	Prior Damage Description	_____	Amount	_____					



Personal Watercraft

1.888.475.9975 Phone

www.vvsi.com

Valuation Request Form

1.888.475.9935 Fax

general@vvsi.com

Office ID Number: _____ Company: _____

Claim Rep Name: _____ Email: _____

Phone / Fax: _____ Calculate Sales Tax: Yes No Car Fax Requested: Yes No

License Fee Amount: _____ Deductible: _____

Salvage Value: _____ Salvage Bid Requested: Yes No Claim Ref #: _____

Type Of Loss: _____ Date Of Loss: _____

Owner / Insured: _____ Insured Phone / Contact: _____

City / State / Zip: _____

Appraiser Company: _____ Appraiser Name: _____

Appraiser Phone / Email: _____ Appraisal Amount: _____ ACV Amount: _____

HIN: [Grid of 17 boxes for HIN entry]

Year: _____ Engine: _____

Model: _____ Model: _____

Type (Circle One): Jet Ski Hover Craft Jet Boat Other: _____ Previous Salvage/Branded Title: Yes No

Components			Options		Conditions				
Deluxe Handle Bars	Yes	No	Hours _____	Interior					
Mirrors	Yes	No		Paint	1	2	3	4	5
Cover	Yes	No		Seats	1	2	3	4	5
Fan Tail	Yes	No		Body	1	2	3	4	5
Ride Plate	Yes	No		Propulsion					
High Flow Impeller	Yes	No		Engine	1	2	3	4	5
High Pro Exhuast	Yes	No		Trailer					
Exhaust Silencer	Yes	No		Overall	1	2	3	4	5
Intake Grate	Yes	No							

Trailer (Circle One): One Place Two Place Three Place

Other Items: _____

Refurbishments _____ Date/Cost _____ Prior Damage Description _____ Amount _____

