

		Audatex Request #		Audatex ID # (Required)				
		<input type="checkbox"/> Total Loss      Point of Impact: Gross Estimate Amount \$:		Claim Rep Name	Claim Rep Phone #	Loss Date		
Claim #		Policy #		Owner Name		(1st) Owner Phone #	Loss Type	
Market Area (City/Zip/Postal Code)		Inspection (City & State)		<input type="checkbox"/> Insured <input type="checkbox"/> Claimant		(2nd) Owner Phone #		
10 <sup>th</sup> digit-model year J=88 K=89 L=90 M=91 N=92 P=93 R=94 S=95 T=96 V=97 W=98 X=99 Y=2000 1=01 2=02 3=03 4=04 5=05 6=06 7=07 8=08 9=09 A=10								
VIN:								
Year	Make	Series	Model	Type: <input type="checkbox"/> 5 <sup>th</sup> Wheel <input type="checkbox"/> Toy Hauler <input type="checkbox"/> Travel Trailer <input type="checkbox"/> Hybrid <input type="checkbox"/> Pop-up/Tent Trailer <input type="checkbox"/> Park Model <input type="checkbox"/> Pickup Camper				
Slide Out Living Area <input type="checkbox"/> Yes <input type="checkbox"/> No   # of Slide Outs:		Slide Out Bedroom <input type="checkbox"/> Yes <input type="checkbox"/> No   # of Slide Outs:		Length	# of Axles	# Roof Air Cond: <input type="checkbox"/> Heat Strips		
			EQUIPMENT					
<b>BATHROOM</b> <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Toilet <input type="checkbox"/> Porta-Potti <input type="checkbox"/> Hot Water Heater <b>LIVING AREA</b> Sleeps #of People: # Fulltime Beds: # of Couches: # of Chairs: <input type="checkbox"/> Dinette # of TV's: TV Sizes: <input type="checkbox"/> BW <input type="checkbox"/> Color TV/VCR Combo #: TV/DVD Combo #: <input type="checkbox"/> VCR <input type="checkbox"/> DVD <input type="checkbox"/> Blue Ray Player <input type="checkbox"/> Surround Sound Radio Type <input type="checkbox"/> AM/FM Stereo <input type="checkbox"/> AM/FM Cass <input type="checkbox"/> AM/FM CD <input type="checkbox"/> CD Changer <input type="checkbox"/> Equalizer		<b>ELECTRICAL</b> <input type="checkbox"/> 110 Volt <input type="checkbox"/> 12 Volt <input type="checkbox"/> AC/DC Converter <input type="checkbox"/> Invertor Watts: <input type="checkbox"/> Monitor Panel <input type="checkbox"/> Generator Watts: # of House Batteries: <b>GALLEY</b> <input type="checkbox"/> Microwave <input type="checkbox"/> Microwave w/ Convection <input type="checkbox"/> Stove <input type="checkbox"/> Oven <input type="checkbox"/> Refrigerator <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Battery <input type="checkbox"/> Ice Box (non powered) <input type="checkbox"/> Ice Maker (not part of Refrigerator) <input type="checkbox"/> Water Purifier <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Built-in Blender <input type="checkbox"/> Built-in Coffee Maker		<b>HEATING</b> <input type="checkbox"/> Furnace <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Aux Heater <b>EXTERIOR EQUIPMENT</b> <input type="checkbox"/> Main Awning <input type="checkbox"/> Electric <input type="checkbox"/> Manual # Window Awnings: #Slide-Out Awning(s): <input type="checkbox"/> Equalizer Hitch <input type="checkbox"/> Luggage Rack / Ladder <input type="checkbox"/> Rear Mount Tire Carrier <input type="checkbox"/> Satellite Dish <input type="checkbox"/> In Motion <input type="checkbox"/> Manual <input type="checkbox"/> Auto-Track # of Solar Panels: <input type="checkbox"/> Central Vacuum Custom Wheels <input type="checkbox"/> Aluminum <input type="checkbox"/> Chrome <input type="checkbox"/> Washer/Dryer <input type="checkbox"/> Rubber Roof <input type="checkbox"/> Power Roof Fans <input type="checkbox"/> Outside Shower <input type="checkbox"/> TV Antenna <input type="checkbox"/> TV Antenna w/Booster		<b>SUSPENSION</b> <input type="checkbox"/> Spring <input type="checkbox"/> Mor-Ryde Other: <b>LEVELERS</b> <input type="checkbox"/> Manual Stab Jacks <input type="checkbox"/> Electric Screw <input type="checkbox"/> Computer Controlled Landing Gear <input type="checkbox"/> Manual <input type="checkbox"/> Electric Tongue Jack <input type="checkbox"/> Manual <input type="checkbox"/> Electric <b>PICK-UP CAMPER</b> Leveling/Lifting System <input type="checkbox"/> Manual <input type="checkbox"/> Electric <input type="checkbox"/> Hydraulic <b>HOLDING TANKS</b> <input type="checkbox"/> Grey Water <input type="checkbox"/> Waste Water <input type="checkbox"/> Fresh Water # LPG: # Fuel:		<b>TOY HAULER</b> <input type="checkbox"/> Fuel Station <input type="checkbox"/> Rear Screen Wall <input type="checkbox"/> Ramp Screen Room <input type="checkbox"/> Air Compressor <input type="checkbox"/> Pressure Washer
<b>CONDITIONING:</b>								
<b>INTERIOR</b>		<input type="checkbox"/> ABOVE AVERAGE	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> BELOW AVERAGE	Prior Damage Cost: \$			
<b>EXTERIOR</b>		<input type="checkbox"/> ABOVE AVERAGE	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> BELOW AVERAGE	Prior Damage Cost: \$			
<b>CANVAS</b>		<input type="checkbox"/> ABOVE AVERAGE	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> BELOW AVERAGE	Prior Damage Cost: \$			
<b>TIRES</b>		<input type="checkbox"/> ABOVE AVERAGE	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> BELOW AVERAGE				
<b>GEN'L COMMENTS:</b>								