

		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 th 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								
Ext Color:		VIN:						
Year	Make	Model	Body Style <input type="checkbox"/> Conventional <input type="checkbox"/> COE <input type="checkbox"/> Forward Cab		CabType <input type="checkbox"/> Standard Cab <input type="checkbox"/> Ext. Cab <input type="checkbox"/> Crew Cab		Drive Type <input type="checkbox"/> 2wd <input type="checkbox"/> 4wd	
Trim	Body Type <input type="checkbox"/> Fire Truck <input type="checkbox"/> Ambulance <input type="checkbox"/> Tow <input type="checkbox"/> Hot Dog/Vending <input type="checkbox"/> Catering/Cold <input type="checkbox"/> Utility <input type="checkbox"/> Hot/Motion Picture Truck Cart		Mileage	Engine Make/Model		Horsepower	Transmission <input type="checkbox"/> Auto <input type="checkbox"/> Manual	
Transmission Make	# of Gears	GVW	Wheel Base	Suspension Type <input type="checkbox"/> Spring <input type="checkbox"/> Air <input type="checkbox"/> Hendrickson <input type="checkbox"/> Other			# of Rear Axles	
# of Driven Axles	Rear Axle Rating		Front Axle Rating		Drop Axle(s)		Dual Rear Wheels <input type="checkbox"/> Yes	
			EQUIPMENT					
CAB EQUIPMENT <input type="checkbox"/> Power Steering <input type="checkbox"/> Power Windows <input type="checkbox"/> Power Locks <input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt/Telescoping Wheel <input type="checkbox"/> Air Conditioning Radio Type <input type="checkbox"/> AM/FM Stereo <input type="checkbox"/> AM/FM Cass <input type="checkbox"/> AM/FM CD <input type="checkbox"/> CB Radio <input type="checkbox"/> Jake Brake Air Ride Seats: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger FIRE TRUCK Body Year: Body Manufacture: Body Material <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Stainless Steel Body Type <input type="checkbox"/> Aerial <input type="checkbox"/> Pumper <input type="checkbox"/> Quint <input type="checkbox"/> Tanker <input type="checkbox"/> Brush Tank Cap: Pump Manufacture: Pump Cap: Foam System Aerial Ladder (# of ft): <input type="checkbox"/> Attic & Roof Ladders		<input type="checkbox"/> Hose & Reels <input type="checkbox"/> Light Bar Generator: <input type="checkbox"/> Scene Lights # of Fuel Tanks: Total Fuel Cap # gal: AMBULANCE Body Year: Body Manufacture: Body Model: Body Type <input type="checkbox"/> Type-I <input type="checkbox"/> Type-II <input type="checkbox"/> Type-III <input type="checkbox"/> Light Bar # of Fuel Tanks: Total Fuel Cap # gal: TOW Body Year: Body Manufacture: Body Type <input type="checkbox"/> Wrecker <input type="checkbox"/> Rollback Body Model: Body Length/Line <input type="checkbox"/> 19 Foot <input type="checkbox"/> 21 Foot <input type="checkbox"/> Single Line <input type="checkbox"/> Dual Line <input type="checkbox"/> Repo/Wheel Lift Body Material <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Light Bar <input type="checkbox"/> Tunnel Body # of Tool Boxes: <input type="checkbox"/> Wheel Lift <input type="checkbox"/> Tow Dollies		<input type="checkbox"/> Push Bumper <input type="checkbox"/> Battery Booster System # of Winches: <input type="checkbox"/> PTO # of Fuel Tanks: Total Fuel Cap # gal: CATERING TRUCK COLD TRUCK Body Year: Body Manufacture: Body Material <input type="checkbox"/> Aluminum <input type="checkbox"/> Stainless Steel Refurbished Box <input type="checkbox"/> Warming Oven <input type="checkbox"/> Pizza Oven <input type="checkbox"/> Grill <input type="checkbox"/> Steam Table <input type="checkbox"/> Coffee Urns <input type="checkbox"/> Cold Sandwich Box <input type="checkbox"/> Salad Bar <input type="checkbox"/> Display Rack <input type="checkbox"/> Ice Chest <input type="checkbox"/> Stainless Steel Storage # of LPG tanks: # of Fuel Tanks: Total Fuel Cap # gal: HOT/MOTION PICTURE TRUCK Body Year: Body Manufacture: Body Material: <input type="checkbox"/> Aluminum <input type="checkbox"/> Stainless Steel Updated Kitchen:		<input type="checkbox"/> Up to Code <input type="checkbox"/> Oven <input type="checkbox"/> Open Top Burners <input type="checkbox"/> Grill/Griddle Top <input type="checkbox"/> Deep Fryers <input type="checkbox"/> Warming Oven <input type="checkbox"/> Steam Table <input type="checkbox"/> Refrigerator <input type="checkbox"/> Cold Sandwich Box <input type="checkbox"/> Ice Chest <input type="checkbox"/> Coffee Urns <input type="checkbox"/> Fountain Pop Machine Generator: Roof Type <input type="checkbox"/> Standard <input type="checkbox"/> Translucent <input type="checkbox"/> S.S Storage Shelving <input type="checkbox"/> 3 Compartment Sink <input type="checkbox"/> Hand Washing Sink <input type="checkbox"/> Fresh Water Tank <input type="checkbox"/> Waste Water Tank # of LPG tanks: # of Fuel Tanks: Total Fuel Cap # gal: HOT DOG/VENDING CART Cart Material <input type="checkbox"/> Aluminum <input type="checkbox"/> Stainless <input type="checkbox"/> Steel <input type="checkbox"/> Steam Table <input type="checkbox"/> Rolling Hot Dog Grill <input type="checkbox"/> Ice Chest <input type="checkbox"/> Stainless Steel Storage <input type="checkbox"/> Hand Washing Sink <input type="checkbox"/> Fresh Water Tank <input type="checkbox"/> Waste Water Tank # of LPG tanks:		UTILITY BODY Body Year: Body Manufacture: Body Length: Body Material <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Ladder/Pipe Rack Air Compressor: Welder: Generator: Crane Year: Crane Make: Crane Model: Crane Capacity: Max Extension: <input type="checkbox"/> Work Bench Bumper <input type="checkbox"/> Mounted Vice # of Fuel Tanks: Total Fuel Cap # of gal: Man Lift Equipment Man Lift Year: Man Lift Make: Man Lift Model: Man Lift Capacity: Max Lift Height: # of Man Buckets <input type="checkbox"/> 1 Man <input type="checkbox"/> 2 Man <input type="checkbox"/> Outriggers
CONDITIONING:								
INTERIOR	<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE				Prior Damage Cost: \$			
EXTERIOR	<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE				Prior Damage Cost: \$			
MECHANICAL	<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE							
ENGINE	Rebuilt Engine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Miles on Rebuilt:	Cost: \$				
TRANS	Rebuilt Trans	<input type="checkbox"/> Yes <input type="checkbox"/> No	Miles on Rebuilt:	Cost: \$				
OTHER MECHANICAL RECEIPTS		Desc/\$:		Date work done/Part(s):				
FRONT TIRES	<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE							
REAR TIRES 1 st AXLE	<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE							
REAR TIRES 2 nd AXLE	<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE							
GEN'L COMMENTS:								