

## Commercial Trailer Basic Claim Information Form

CRV Office ID#:			
Report Retrieval Method	☐Email	☐ Fax	Other (Specify):
Claim Representative Name:	Claim Representative Email:	Claim Representative Contact()	
Date of Loss (mm/dd/yyyy):	Claim	Policy	Type of Loss:
Insured Name:	Insured Phone	Claimant Name:	Claimant Phone
Loss State:	Loss Zip Code:		<del></del>
VIN:			
Year:	_	Make:	Model:
Trailer Type:	Exterior Construction: Frame:	Length:(ft) Height:(ft)	Side Door Type:
Hitch Type:	Other:	Width:(in)	OtherRear Door Type:
Lift Gate: Yes No	Other:	Plywood  Kemlite None	Other
Manufacturer: Lift Gate Year	Sides:	Insulated: Yes No	Axles: Sliding: Yes No
Capacity(lbs)	Roof:		*# of Axles *Axle Capacity (lbs)
Tire Size:%	Suspension:	Other Options: Interior Lighting	Options:  Tie Down
Outside Wheel:	Other	Shelving Tool Box	☐ Ramp ☐ V-Nose
Other	Brakes:	☐ Tongue Jack ☐ Roof Vent ☐ Cabinets	Spare Tire Beaver tail
Inside Wheel:	Other	Work Bench Manual Tarp	Stone Guard  Electric Tarp
Other		Fenders Slush Guard	Slush Guard



## Commercial Trailer Basic Claim Information Form

Sheep Trailer Hog Trailer Cattle Trailer Other Livestock Trailer  Enclosed: Yes No # of Horses Load Type: Slant Straight Living Quarters: Yes No Manufacturer: Length of Quarters: Feed Mangers Hay Rack Saddle Rack Tack Room Dressing Room Dividers Walking Floor	Belly Side End Transfer  Liner Type Plastic Steel  Air Dump Gate Heated Coal door Vibratory  Tanker Water Chemical Food Fuel Waste Other  # of Compartments Capacity (gal) Pump System Yes No Pump Manufacturer Model #	Number of units fried  Car hauler:  Number of units:
Overall Condition Rating  Additional Equipment (include pr	(2) Average (2) Average ice if applicable):	ge (3) Exceptional
-		ge [](3) Exceptional
-		Deduct Deduct Deduct Deduct Deduct Deduct
Additional Equipment (include pr	ice if applicable):  Add  Deductible  Add	Deduct Deduct Deduct
Additional Equipment (include pr	ice if applicable):  Add  Deductible  Add	Deduct Deduct Deduct