



# TRUCK/TRACTOR

Valuation Request Form

1.888.475.9975 phone  
1.888.475.9935 fax

www .v-v-s.com web

Office ID Number: \_\_\_\_\_ VVS Request #: \_\_\_\_\_  
 Claim Rep Name: \_\_\_\_\_ Claim #: \_\_\_\_\_  
 Office Fax: \_\_\_\_\_ 2nd Fax: \_\_\_\_\_  
 Date of Loss: \_\_\_\_\_ Type of Loss: \_\_\_\_\_  
 Appr Company: \_\_\_\_\_ Appr Name: \_\_\_\_\_  
 Appr Phone: \_\_\_\_\_ Appr Amount: \_\_\_\_\_ ACV Amount: \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Valuation Area Zip Code (Required): \_\_\_\_\_  
 VIN: 

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Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Type (circle one):    Tractor                      Cab and Chassis    Van                      Flat Bed                      Stake  
                                  Refrigerated                      Dump                      Wrecker                      Rollback  
                                  Other: \_\_\_\_\_  
 Use (circle one):    Interstate                      Intrastate                      Inncercity  
 Engine Manufacturer: \_\_\_\_\_ Engine Model/HP: \_\_\_\_\_  
 Transmission Manufacturer: \_\_\_\_\_ Transmission Model: \_\_\_\_\_ Number of Speeds: \_\_\_\_\_  
 # of Axles: \_\_\_\_\_ # of Drive Axles: \_\_\_\_\_ # of Tag Axles: \_\_\_\_\_  
 Two Speed Rear:    Yes No    GVW: \_\_\_\_\_ Wheel Base: \_\_\_\_\_

### OPTIONS AND EQUIPMENT

Conv Sleeper Size: _____ COE Sleeper Size: _____ Penthouse:                      Yes No Front Axle Rating: _____ lbs Rear Axle Rating: _____ lbs Front Wheel Type (circle one): Spoke (Dayton) Steel Disc (Budd) Aluminum Disc (Budd) O/S Rear Wheel Type (circle one): Spoke (Dayton) Steel Disc (Budd) Aluminum Disc (Budd) I/S Rear Wheel Type (circle one): Spoke (Dayton) Steel Disc (Budd) Aluminum Disc (Budd)	Front Tire Size: _____ Rear Tire Size: _____ Rear Recaps:    Yes No Suspension (circle one): Spring Air Ride Hendrickson Torsion bar Liftgate:                      Yes No Liftgate Type:    Elec Hydraulic Liftgate Capacity: _____ lbs Fuel Tank Type (circle one): Steel Alum Fuel Tank: # _____ Size _____ Fifth Wheel Type (circle one): Fixed                      Manual Slide Air Slide                      None	Interior Trim (circle one): Standard    Deluxe Brougham Radio:    AM    FM    ST    CA    CB    CD PTO:    Yes No Wet Line Kit:                                      Yes No Air Ride Cab:                                      Yes No Power Steering:                                      Yes No Air Conditioning:                                      Yes No Air Brakes:    Yes No ABS:    Yes No Air Bag:    Yes No Engine (Jake) Brake:                                      Yes No Owner/Oper Package:                                      Yes No Side Faring:    Yes No Wind Deflector:    Yes No Full Aerodynamics:                                      Yes No Odometer: _____
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Other Items: \_\_\_\_\_

### CONDITIONS

Wear Remaining Front Tires \_\_\_\_\_ %    Paint Condition:                      1                      2                      3                      4                      5  
 Wear Remaining Rear Tires \_\_\_\_\_ %    Paint Type: \_\_\_\_\_  
 Overhaul Type:    In Frame Major    Out of Frame Major    Multicolor:                      Yes No  
 Miles since: \_\_\_\_\_ Date: \_\_\_\_\_    Overall:                      1                      2                      3                      4                      5

Condition Ratings: 1 = Excellent, 2 = Above Average, 3 = Average, 4 = Below Average, 5 = Poor