



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: _____ Car Fax Requested: _____

License Fee Amount: _____ Deductible: _____

Salvage Value: _____ Salvage Bid Requested: _____ 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:

Year: _____ Make: _____ Model: _____

Previous Salvage/Branded Title: _____

	<i>Options</i>	
General	Windows	Washer
Length _____	Bay _____	Dryer _____
Width _____	Glazed _____	Water Softener _____
Deck Size _____	Thermopane _____	Wet Bar _____
Walkout _____	Shutters _____	Conditions
Carport _____	Screens _____	Park Rating _____
Awning _____	Storms _____	Interior _____
SnkLivingRm _____	Bathroom	Exterior _____
Cathedrall Ceiling _____	# Full _____	Overall _____
Fireplace _____	# Half _____	
Skylights _____	Bedrooms _____	
B. Stereo _____	Kitchen	
Furnishing Upgrd _____	Electric/Gas _____	
Heat & Air Conditioning	Oversize Fridge _____	
Furnace _____	Ice Maker _____	
Central A/C(s) _____	Freezer _____	
Window A/C _____	Dishwasher _____	
Heat Pump _____	Trash Compactor _____	
Insulation	Microwave _____	
Drywall _____	Disposal _____	
Additional Ceiling _____	Other: _____	
Additional Wall _____	_____	
Siding Type _____	_____	
Roof Type _____	_____	
Skirting _____	_____	
Anchor System _____	_____	
Refurbishments _____	Date/Cost _____	Prior Damage Description _____
		Amount _____