



Manufactured Housing

Valuation Request Form

1.888.475.9975 Phone

www.vvsi.com

1.888.475.9935 Fax

general@vvsi.com

Office ID Number:	_____		Company:	_____	
Claim Rep Name:	_____		Email:	_____	
Phone / Fax:	_____		Calculate Sales Tax:	_____	
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:

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