



Equipment

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: _____ 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: _____

PIN:

Year: _____ Make: _____ Model: _____
Type: _____ Hours: _____

Engine Manufacturer: _____ Engine Model/Horsepower _____
Transmission Manufacturer: _____ Transmission Model/Speeds _____
Number of Axles: _____ Number of Drive Axles: _____ Previous Salvage/Branded Title: _____

Options & Equipment

EROPS	Other Items: _____	Conditions
Air Cond.		Interior
OROPS	_____	Seats
	_____	Glass
Tire Size _____	_____	Dash
		Exterior
Ply Rating _____	_____	Body
		Paint
Track Width _____	_____	Drivetrain
	Overhaul Type: _____	Transmission
Pad Size _____		Hydraulics
	Hours Since: _____	Engine
Bucket Type	Date _____	Tires
	Cost _____	Front Tire Wear Remaining _____ %
Bucket Size _____		Rear Tire Wear Remaining _____ %
Backhoe Dipper Size		Undercarriage
		Undercarriage Wear Rem. _____ %
Backhoe Bucket Size _____		Pads _____ %
Aux. Hydraulics		Tracks _____ %

Refurbishments _____ Date/Cost _____ Prior Damage Description _____ Amount _____

Condition Ratings: 1 = Excellent 2 = Above Average 3 = Average 4 = Below Average 5 = Poor PLEASE SEND PHOTOS IF AVAILABLE