

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): _____

PIN:

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Year: _____ Make: _____ Model: _____
 Type (circle one): Industrial Farm
 Other: _____

Engine Manufacturer: _____ Engine Model Number/Horsepower: _____
 Transmission Manufacturer: _____ Transmission Model Number/Horsepower: _____
 Number of Axles: _____ Number of Drive Axles: _____

OPTIONS AND EQUIPMENT

EROPS: Yes No OROPS: Yes No
 Air Conditioning: Yes No Hours _____
 Tire Size: _____ Ply Rating: _____ Track Width: _____ Pad Size: _____
 Bucket Type: _____ Bucket Size: _____ Backhoe Size: _____ Backhoe Bucket Size: _____

EQUIPMENT CONDITION

Interior:

Seat:	1	2	3	4	5
Dash:	1	2	3	4	5
Glass:	1	2	3	4	5

Exterior

Body:	1	2	3	4	5
Paint :	1	2	3	4	5

Tires

Wear Remaining Front: _____ %
 Wear Remaining Rear: _____ %

Drive Train

Engine: _____
 Overhaul type: In Frame Major Out of Frame Major
 Hours since overhaul: _____
 Date: _____
 Cost: _____
 Engine Overall: 1 2 3 4 5
 Transmission: 1 2 3 4 5
 Hydraulics: 1 2 3 4 5
 Undercarriage Wear Remaining: _____ %
 Pads: 1 2 3 4 5