



Small Marine

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: _____

HIN: _____

Year: _____ Make: _____ Model: _____

Type: _____ Length: _____ Hull Material: _____ Hours: _____

Previous Salvage/Branded Title: _____

Options

Engine / Propulsion	Additional Description	Trailer
Engine Type _____	Seating Capacity _____	Trailer Make or Not Inc _____
Engine Mfr. _____	Cover _____	Trailer Axles _____
Eng #/HP _____	Cabin _____	Trailer Winch _____
Propulsion _____	Head _____	Power Tongue Jack _____
Trolling Motor _____	Halon _____	
Trolling Thrust _____	Ice Chest #/Size _____	
Sail Type _____		
Number Of Sails _____		

Conditions

Interior

Seats _____

Carpet _____

Propulsion

Engine _____

Sails _____

Exterior

Hull _____

Paint _____

Glass _____

Trailer

Trailer _____

Electronics

Entertainment _____
Fish Finder _____
Depth Finder _____
Communications _____

Fish and Ski Equipment

Live Well _____
Bait Box _____
Rod Holders _____
Outriggers _____
Ski Tower _____
Swing Platform _____

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