



TRUCK/TRACTOR

Valuation Request Form

1.888.475.9975 phone
1.888.475.9935 fax

www .v-v-s.com web

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): _____

VIN:

| | | | | | | | | | | | | | | | | |
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Year: _____ Make: _____ Model: _____

Type (circle one): Tractor Cab and Chassis Van Flat Bed Stake
 Refrigerated Dump Wrecker Rollback
Other: _____

Use (circle one): Interstate Intrastate Innercity

Engine Manufacturer: _____ Engine Model/HP: _____

Transmission Manufacturer: _____ Transmission Model: _____ Number of Speeds: _____

of Axles: _____ # of Drive Axles: _____ # of Tag Axles: _____

Two Speed Rear: Yes No GVW: _____ Wheel Base: _____

OPTIONS AND EQUIPMENT

Conv Sleeper Size: _____

COE Sleeper Size: _____

Penthouse: Yes No

Front Axle Rating: _____ lbs

Rear Axle Rating: _____ lbs

Front Wheel Type (circle one):

Spoke (Dayton)

Steel Disc (Budd)

Aluminum Disc (Budd)

O/S Rear Wheel Type (circle one):

Spoke (Dayton)

Steel Disc (Budd)

Aluminum Disc (Budd)

I/S Rear Wheel Type (circle one):

Spoke (Dayton)

Steel Disc (Budd)

Aluminum Disc (Budd)

Front Tire Size: _____

Rear Tire Size: _____

Rear Recaps: Yes No

Suspension (circle one):

Spring

Air Ride

Hendrickson

Torsion bar

Liftgate: Yes No

Liftgate Type: Elec Hydraulic

Liftgate Capacity: _____ lbs

Fuel Tank Type (circle one): Steel Alum

Fuel Tank: # _____ Size _____

Fifth Wheel Type (circle one):

Fixed

Manual Slide

Air Slide

None

Interior Trim (circle one):

Standard Deluxe Brougham

Radio: AM FM ST CA CB CD

PTO: Yes No

Wet Line Kit: Yes No

Air Ride Cab: Yes No

Power Steering: Yes No

Air Conditioning: Yes No

Air Brakes: Yes No

ABS: Yes No

Air Bag: Yes No

Engine (Jake) Brake: Yes No

Owner/Oper Package: Yes No

Side Faring: Yes No

Wind Deflector: Yes No

Full Aerodynamics: Yes No

Odometer: _____

Other Items: _____

CONDITIONS

Wear Remaining Front Tires _____ % Paint Condition: 1 2 3 4 5

Wear Remaining Rear Tires _____ % Paint Type: _____

Overhaul Type: In Frame Major Out of Frame Major Multicolor: Yes No

Miles since: _____ Date: _____ Overall: 1 2 3 4 5

Condition Ratings: 1 = Excellent, 2 = Above Average, 3 = Average, 4 = Below Average, 5 = Poor