



Large 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. _____	Floor Plan _____	Trailer Axles _____
Eng #/HP _____	Cover _____	Trailer Winch _____
Propulsion: _____	Cabin _____	Power Tongue Jack _____
Sail Type _____	A/C _____	
Number Of Sails _____	Head _____	

Conditions

Electronics		Interior
Entertainment _____	Galley _____	Seats _____
Fish Finder _____	Halon _____	Carpet _____
Depth Finder _____	Ice Chest #/Size _____	
Communications _____	Windlass Anchor _____	

Propulsion

GPS _____		Engine _____
Radar _____		Sails _____

Exterior

Plotter/Auto Pilot _____		Hull _____
Interface _____		Paint _____
Generator _____		Glass _____

Trailer

Generator KW _____		Trailer _____
Shore Power _____		

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