



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 _____