



# Equipment

Valuation Request Form

1.888.475.9975 Phone

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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: \_\_\_\_\_

**PIN:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Type: \_\_\_\_\_ Hours: \_\_\_\_\_

Engine Manufacturer: \_\_\_\_\_ Engine Model/Horsepower: \_\_\_\_\_

Transmission Manufacturer: \_\_\_\_\_ Transmission Model/Speeds: \_\_\_\_\_

Number of Axles: \_\_\_\_\_ Number of Drive Axles: \_\_\_\_\_ Previous Salvage/Branded Title: \_\_\_\_\_

### Options & Equipment

EROPS	Other Items: _____	<b>Conditions</b>
Air Cond.	_____	<b>Interior</b>
OROPS	_____	Seats
Tire Size _____	_____	Glass
Ply Rating _____	_____	Dash
Track Width _____	_____	<b>Exterior</b>
Pad Size _____	_____	Body
Bucket Type	Overhaul Type: _____	Paint
Bucket Size _____	Hours Since: _____	<b>Drivetrain</b>
Backhoe Dipper Size	Date _____	Transmission
Backhoe Bucket Size _____	Cost _____	Hydraulics
Aux. Hydraulics		Engine
		<b>Tires</b>
		Front Tire Wear Remaining _____ %
		Rear Tire Wear Remaining _____ %
		<b>Undercarriage</b>
		Undercarriage Wear Rem. _____ %
		Pads _____ %
		Tracks _____ %

Refurbishments \_\_\_\_\_ Date/Cost \_\_\_\_\_ Prior Damage Description \_\_\_\_\_ Amount \_\_\_\_\_