



# Manufactured Housing

1.888.475.9975 Phone

www.vvsi.com

Valuation Request Form

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: \_\_\_\_\_

**VIN:**

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

Previous Salvage/Branded Title: \_\_\_\_\_

	<i>Options</i>	
<b>General</b>	<b>Windows</b>	<b>Washer</b>
Length _____	Bay _____	Dryer _____
Width _____	Glazed _____	Water Softener _____
Deck Size _____	Thermopane _____	Wet Bar _____
Walkout _____	Shutters _____	<b>Conditions</b>
Carport _____	Screens _____	Park Rating _____
Awning _____	Storms _____	Interior _____
SnkLivingRm _____	<b>Bathroom</b>	Exterior _____
Cathedrall Ceiling _____	# Full _____	Overall _____
Fireplace _____	# Half _____	
Skylights _____	Bedrooms _____	
B. Stereo _____	<b>Kitchen</b>	
Furnishing Upgrd _____	Electric/Gas _____	
<b>Heat &amp; Air Conditioning</b>	Oversize Fridge _____	
Furnace _____	Ice Maker _____	
Central A/C(s) _____	Freezer _____	
Window A/C _____	Dishwasher _____	
Heat Pump _____	Trash Compactor _____	
<b>Insulation</b>	Microwave _____	
Drywall _____	Disposal _____	
Additional Ceiling _____	Other: _____	
Additional Wall _____	_____	
Siding Type _____	_____	
Roof Type _____	_____	
Skirting _____	_____	
Anchor System _____	_____	
Refurbishments _____	Date/Cost _____	Prior Damage Description _____
		Amount _____