



# Specialty Vehicle

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: \_\_\_\_\_

**VIN:**

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

Type: \_\_\_\_\_ Engine: \_\_\_\_\_ 4WD: \_\_\_\_\_ AWD: \_\_\_\_\_ Previous Salvage/Branded Title: \_\_\_\_\_

Transmission: \_\_\_\_\_ Overdrive: \_\_\_\_\_ Package (If Applicable): \_\_\_\_\_ Mileage: \_\_\_\_\_

### Options

Power Options	Safety Equipment	Limousine Options
Power Windows	Theft Deterrent	Dual Axle
Power Locks	Disc Brakes:	Sunroof _____
Power Driver Seat	ABS:	Electric Wet Bar
Power Passenger Seat	Air Bags:	Extended Doors
Power Mirrors		Intercom
Power Trunk		Jacuzzi
		Widebody
Convenience Options	Police & Taxi Options	Conditions
A/C	Fog Lights	Interior
Cruise Control	2 Way Radio	Seats
Radio: _____	Divider	Dash
	Dual Spot Light	Carpet
Premium Sound _____	Gun Rack	Headliner
Compact Disc: _____	Light Bar	Exterior
	Siren	Body
Heated Seats	Spot Light	Paint
Headlight Washers	Flashers	Glass
Tinted Glass	Limousine Options	Drivetrain
Heated Mirrors	Limousine Conversion _____	Engine
Towing Equipment	Limousine Conversion Model _____	Transmission
Décor Equipment	Stretch Length _____	Tires
Interior Trim	Partition	Front Tire Wear Remaining _____ %
	DVD	Rear Tire Wear Remaining _____ %
Wheel Type _____	Rear Radio: _____	Other Items: _____
Factory Wheels	Rear Prm Sound _____	_____
Third Seat	Rear Comp Disc: _____	_____
Roof Type _____	Dual A/C	_____
Spoiler		

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