

Office ID Number: _____ Office Fax Number: _____ 2nd Fax: _____
 Claim Rep Last Named: _____ Claim Number: _____ Date of Loss: _____
 Appraisal Company: _____ Appraiser Name: _____
 Appraiser Phone: _____ Appraiser Fax: _____
 Appraisal Amount: _____ ACV Amount: _____
 Type of Loss: _____ Vehicle Belongs To: _____ Insured _____ Claimant _____
 Owner's Name: _____ Contact Name: _____
 City: _____ State: _____ Phone: _____
 Valuation Area (Required): _____
 Zip Code: _____

HIN:

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Year: _____ Make: _____ Model: _____ Type: Sail Motor Other

OPTIONS AND EQUIPMENT

Length: _____	Entertainment: (circle one):	Heat	Yes	No	GPS	Yes	No
Beam: _____	AM AM/FM/Stereo	Galley	Yes	No	Fish Finder	Yes	No
Construction: (circle one)	AM/FM/ST/W/Cass	Head	Yes	No	Depth Finder	Yes	No
Fiberglass Aluminum	AM/FM/ST/W/CD	Shower	Yes	No	Generator	Yes	No
Wood Steel	AM/FM/ST/W/CA/CD	Flying Bridge	Yes	No	Gen KW Hours: _____		
Other: _____	Berths: _____	Trolling Motor	Yes	No	Generator Fuel	Gas	Dsl
Propulsion (circle one):	Cabin: _____	Trolling Thrust	Yes	No	Trailer	Yes	No
Outboard Inboard	Halon: _____	Anchor	Yes	No	Trailer VIN: _____		
Stern Drive Jet	Sail Type (circle one):	Loran	Yes	No	Trailer Year: _____		
In/Out None	Catamaran Sloop	Compass	Yes	No	Trailer Make: _____		
Engine Mfr: _____	Sailboat Yacht	VHF	Yes	No	Trailer Axles: _____		
Eng#/HP: _____	# of Sails: _____	Radar	Yes	No	Trailer Brakes	Yes	No
Eng Fuel: Gas Dsl	Refridgerator	Yes No	Yes	No	Trailer Winch	Yes	No
Trim Tabs Yes No	Shore Power	Yes No	Yes	No	Trailer Length: _____		
	AC	Yes No	Yes	No	Interface	Yes	No

CONDITIONS

Interior	Exterior
Seats 1 2 3 4 5	Hull 1 2 3 4 5
Dash 1 2 3 4 5	Paint 1 2 3 4 5
Carpet 1 2 3 4 5	Glass 1 2 3 4 5
Propulsion	Trailer
Engine 1 2 3 4 5	Overall 1 2 3 4 5
Sails 1 2 3 4 5	
Type of Use 1 2 3 4 5	

Hours _____