



COMMERCIAL TRAILER

Valuation Request Form

1.888.475.9975 phone
1.888.475.9935 fax

www .v-v-s.com web

Office ID Number: _____ VVS Request #: _____
 Claim Rep Name: _____ Claim #: _____
 Office Fax: _____ 2nd Fax: _____
 Date of Loss: _____ Type of Loss: _____
 Appr Company: _____ Appr Name: _____
 Appr Phone: _____ Appr Amount: _____ ACV Amount: _____
 Owner's Name: _____ Contact Name: _____
 City: _____ State: _____ Phone: _____

Valuation Area Zip Code (Required): _____

VIN:

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Year: _____ Make: _____ Model: _____

Type (circle one): Dry Van Refrigerated Van Flat Bed Low Boy Tank
 Utility Furniture Car Hauler Dump Landscape
 Other: _____

Exterior Construction (circle one): Aluminum FRP Steel Other _____

Number of Axles: _____

Length in Feet: _____ Height in Feet: _____ Width in Inches: _____

Sliding Axles Yes No

Suspension (circle one): Spring Air Ride Torsion Bar Other: _____

Hubometer: _____ GVW _____ ABS Yes No

Interior Lining: None Plywood Kemplite FRP Other _____

Insulated: Yes No

Rear Door Type: Swing Roll Up Other _____

Side Door: Yes No

Outside Wheel Type: Spoke Steel Disc Aluminum Disc

Inside Wheel Type: Spoke Steel Disc Aluminum Disc None

Tire Size: _____

REFRIGERATED TRAILERS ONL Y

Cooling Unit Mfr: _____ Model#: _____ Year: _____ Hours: _____ Commodity Carried: _____

TANK TRAILERS ONL Y

Compartments: _____ Size: _____ Commodity Carried _____

Pump System: _____ Heated: Yes No

TRAILER CONDITIONS

Interior

Lining 1 2 3 4 5

Exterior

Body 1 2 3 4 5

Paint 1 2 3 4 5

Tires 1 2 3 4 5

Wear Remaining Front _____ %

Wear Remaining Rear _____ %

Mechanical

Cooling Unit: 1 2 3 4 5

Overhaul Type: _____

Hours Since Overhaul: _____ Date: _____

Cost: _____

Overall 1 2 3 4 5

Hydraulics 1 2 3 4 5

Condition Ratings: 1 = Excellent, 2 = Above Average, 3 = Average, 4 = Below Average, 5 = Poor