



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): \_\_\_\_\_

PIN: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

**OPTIONS AND EQUIPMENT**

<p><b>General</b></p> <p>Length: _____</p> <p>Width: _____</p> <p>Deck Size: _____</p> <p>Walkout: _____</p> <p>Carport: _____</p> <p>Awning: _____</p> <p>Snk Living Rm:    Yes    No</p> <p>Cathedral Ceiling    Yes    No</p> <p>Fireplace:            Yes    No</p> <p>Skylights #: _____</p> <p>Upgrade Carpet    Yes    No</p> <p>Built-in Stereo:    Yes    No</p> <p>Furnishing Upgrd    Yes    No</p> <p><b>Heat &amp; Air Conditioning</b></p> <p>Furnace:            Yes    No</p> <p>Central A/C Tons: _____</p> <p>Window AC         Yes    No</p> <p>Heatpump:         Yes    No</p>	<p><b>Insulation</b></p> <p>Drywall:            Yes    No</p> <p>Add'l Ceiling:     Yes    No</p> <p>Add'l Wall:         Yes    No</p> <p>Add'l Ceiling:     Yes    No</p> <p><b>Siding (check one)</b></p> <p>Aluminum:         <b>Q</b></p> <p>Wood:                <b>Q</b></p> <p>Vinyl:                <b>Q</b></p> <p>Stucko:              <b>Q</b></p> <p><b>Roof (check one)</b></p> <p>Composition:      <b>Q</b></p> <p>Wood Shingle:     <b>Q</b></p> <p>Foam Covered:     <b>Q</b></p> <p>Overhang:            Yes    No</p>	<p><b>Skirting (check one)</b></p> <p>Aluminum:         <b>Q</b></p> <p>Wood:                <b>Q</b></p> <p>Steel:                <b>Q</b></p> <p><b>Anchor system</b></p> <p>Specify _____</p> <p><b>Windows</b></p> <p>Bay:                 Yes    No</p> <p>Glazed:             Yes    No</p> <p>Thermopane        Yes    No</p> <p>Shutters:            Yes    No</p> <p>Screens:            Yes    No</p> <p>Storm:                Yes    No</p> <p><b>Bathroom</b></p> <p>Full: # _____</p> <p>Half: # _____</p> <p><b>Bedrooms</b></p> <p># _____</p>	<p><b>Kitchen</b></p> <p>Electric or Gas</p> <p>Oversize Fridge    Yes    No</p> <p>Icemaker:            Yes    No</p> <p>Freezer:             Yes    No</p> <p>Dishwasher:        Yes    No</p> <p>Trash Compactor:    Yes    No</p> <p>Microwave:         Yes    No</p> <p>Disposal:            Yes    No</p> <p>Washer:             Yes    No</p> <p>Dryer:                Yes    No</p> <p>Watersoftener:     Yes    No</p> <p>Wetbar:              Yes    No</p>
--	--	---	---

**CONDITIONS**

Park Rating:	1	2	3	4	5
Interior:	1	2	3	4	5
Exterior:	1	2	3	4	5
Overall:	1	2	3	4	5

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