RECREATIONAL VEHICLE
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: | | | | | | | | | | | | | | | | |

Year: _____ Make: _____ Model: _____
Length: _____ Class: _____
Body Type (circle one): Conversion Van Camper Van Mini Motor Class A Fifth Wheel Trailer
Travel Trailer Slide on Camper Other: _____
Chassis Year: _____ Chassis Manufacturer: _____ Chassis Model #: _____
Engine Manufacturer: _____ Engine Model: _____ Transmission Type: _____

OPTIONS AND EQUIPMENT

Power Steering: Yes No
Power Brakes: Yes No
Power Windows: Yes No
Power Locks: Yes No
Power Seats: Yes No
Cruise Control: Yes No
Tilt Wheel: Yes No
Air Conditioning: Yes No
Auxiliary Fuel Tank: Yes No

Paint: _____
Wheel Type: _____
Tire Size: _____
Wear Remaining: _____
Floor Plan: _____
Full Kitchen: Yes No
Full Bath: Yes No
Aux AC: Yes No
Aux Heater: Yes No

Generator: _____ kw
Roof Rack: Yes No
Awning:# _____
Hitch: Yes No
Odometer: _____
TV Type: C/TV BW/TV VCR

Radio: AM FM ST CA CB CD EQ
CD Changer
Interior: _____
Other Items: _____

CONDITION

Interior

Seats:	1	2	3	4	5
Dash:	1	2	3	4	5
Carpet:	1	2	3	4	5
Headliner:	1	2	3	4	5

Drivetrain

Engine:	1	2	3	4	5
Transmission:	1	2	3	4	5

Exterior

Body:	1	2	3	4	5
Paint:	1	2	3	4	5
Glass:	1	2	3	4	5

Tires

Wear Remaining Front: _____ %
Wear Remaining Rear: _____ %

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