



Marine

Valuation Request Form

1.888.475.9975 Phone

www.vvsi.com

1.888.475.9935 Fax

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: _____

HIN: _____

Year: _____ Make: _____ Model: _____
 Hours: _____
 Type: _____ Previous Salvage/Branded Title: _____

Options

<p>Basic Components</p> <p>Length _____ Beam _____ Construction: _____ Other: _____ Propulsion: _____ Engine Mfr. _____ Engine Model/HP _____ Engine Fuel _____ Sail Type _____ Cabin _____ A/C _____ Heat _____ Entertainment _____ Trim Tabs _____ Berths _____ Refurbishments _____</p>	<p>Halon _____ No. Sails _____ Galley _____ Refrigerator _____ Shower _____ Anchor _____ Additional Options Head _____ Shore Power _____ Flying Bridge _____ Trolling Motor _____ Trolling Thrust _____ Lorain _____ Compass _____ VHF _____ Radar _____ Auto Pilot _____ Interface _____ GPS _____ Fish Finder _____</p>	<p>Depth Finder _____ Generator _____ Generator KW _____ Trailer Axles _____ Trailer Winch _____ Conditions Interior Seats _____ Dash _____ Carpet _____ Propulsion Engine _____ Sails _____ Type of Use _____ Exterior Hull _____ Paint _____ Glass _____ Trailer Overall _____</p>
--	---	--

Refurbishments _____ Date/Cost _____ Prior Damage Description _____ Amount _____