



P.O. Box 177 ~ Clearwater, FL 33757
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Date of Loss: _____ Claim No: _____ File No: _____

Insured:	Claimant:	Date:
Appraised For:	Address: Phone:	Adjuster:
Year:	Make:	Model:
	Vin:	Mileage:
		License State

Location of Inspection:

General Appearance of Car: **Excellent** ___ **Good** ___ **Fair** ___ **Poor** ___
General Appearance of Paint: **Excellent** ___ **Good** ___ **Fair** ___ **Poor** ___
Condition of Tires (% Worn) **LF** ___ **RF** ___ **LR** ___ **RR** ___ **Spare** ___

Car Equipped With:

___ Power Steering ___ Cloth Seats ___ AM/FM Radio ___ Air Cond ___ Air Bags ___ Tinted Glass
 ___ Power Brakes ___ Bucket Seats ___ Auto Trans ___ Cruise Ctrl ___ Styled Steel ___ Body Side Mldg.
 ___ Power Windows ___ Leather Seats ___ 4 speed Trans ___ Sun Roof ___ Aluminum
 ___ Power Locks ___ AM/FM Cass ___ 5 speed Trans ___ Vinyl Top ___ Alloy Wheels ___ See Remark
 ___ Power Seats ___ CD Player ___ Altered Vehicle ___ Tilt Wheel ___ Special Wheels

CUSTOM EQUIPMENT: _____

Name "PLEASE MAKE SURE TO PRINT PDF YOUR COMP ADD'S FOUND"	Phone	Asking Price	Take Price
Comp # 1:			
Comp # 2:			
Comp # 3:			

Average Comps: _____ Old Damage Deductions: _____ High Mileage Deductions: _____ Additions (Explained Below): _____ Other Deductions(Explained below) _____ Adjusted Gross ACV _____ Sales Tax ___ % _____ Recommended ACV _____ (Less Applicable Deductible)	Salvage Bids 1) Name: _____ Phone: _____ Bid: _____ 2) Name: _____ Phone: _____ Bid: _____ 3) Name: _____ Phone: _____ Bid: _____
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Remarks

BASED ON THE INFORMATION PROVIDED THIS THE RECOMENDED ACV ON THIS VEHICLE. CALCULATED ACV USING INFORMATION SUPPLIED. ACV ESTABLISHED WITH 3 AVAILABLE COMPS. VEHICLE WITH COMPARABLE MILAGE AS ATTECHED. NO MILAGE TAKEN DUE TO THERE MILAGE BEING SIMILAR