

# RV Appraisal Report

Insured: CLAIM# File#:

Owner Name & Address:

DATES: LOSS: ASSIGNMENT: INSPECTION: Completion:

YEAR: Prod. Date: FRONT REAR WHEELS: (Type)  
 MAKE: REAR REAR WHEELS: (Type)  
 MODEL: TIRES: (Make & Type)  
 VIN: SIZE: New (Matched set)  
 LICENSE #: STATE:

**Trailer/Body**

Ext. Color # of Axles Length Width Height



**Class A**

**Class B**

**Class C**

**Fifth Wheel**

**Travel Trailer**

<b>SIDING:</b> Aluminum	Fiberglass	FRP	
Length: Ft	Width:	in	
Slide Out: #	Length of Slide Out:		
Awning: #	Length of Awning:		
Axles #	Suspension system:	Spring:	Air ride:
<b>Flooring:</b> Vinyl	Carpet	Tile	Wood
Size of the damage room:	Bed Rm1:	Bed Rm2:	Kitchen Rm:
Living Rm:	Bath Rm:	Bath Rm2:	
<b>Appliances:</b>	Stove Type:	Refrigerator Type:	Dishwasher Type:
Washing Machine:		Dryer Type:	
Water Tank Size:	Converter Size:	Inverter Size:	Heater Type:
A/C Unit Size:	TV Size:	Sound System Type:	
Condition Rating:	Above AVG	AVG	Below AVG
	Repairable Unit	Total Loss	

APPRAISER NAME:

DATE: