

Claim Information

Customer Claim Number	Customer Reference	Loss Date	Type of Loss	Prior Damage/Other Deductions
			<input type="checkbox"/> Collision <input type="checkbox"/> Fire <input type="checkbox"/> Flood <input type="checkbox"/> Theft	

Claim Rep

Company	Claim Rep Name	Claim Rep Email	Claim Rep Phone

Owner

Owner Name	Owner Phone	Owner Email	Can DCI contact owner?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner Address	Owner City	Owner State	Owner Zip
			Sales Tax Rate %

Vehicle/Asset

VIN	Year	Make	Series	Model #	Length	# of Axles

Tires

Tire Tread Remaining	# of Tires
<input type="checkbox"/> New <input type="checkbox"/> 90% <input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> 10%	

Exterior Features

Slide-Outs / Slide-Out Awnings <input type="checkbox"/> Slide #1 (Length ____) <input type="checkbox"/> Slide #2 (Length ____) <input type="checkbox"/> Slide #3 (Length ____) <input type="checkbox"/> Slide #4 (Length ____) <input type="checkbox"/> Slide #5 (Length ____) Slide-Out Awning? <input type="radio"/> Yes <input type="radio"/> No	Equipment <input type="checkbox"/> Diamond Plate Shield <input type="checkbox"/> Spare Tire & Carrier <input type="checkbox"/> Outside Shower <input type="checkbox"/> Solar Panels (Qty ____) <input type="checkbox"/> Skylights (Qty ____) <input type="checkbox"/> Storage Slide Out Trays (Qty ____) <input type="checkbox"/> Luggage Rack and Ladder <input type="checkbox"/> Fuel Station <input type="checkbox"/> Electric Step (Single) <input type="checkbox"/> Electric Step (Double) <input type="checkbox"/> Outside Gas Grill <input type="checkbox"/> Outside Kitchen <input type="checkbox"/> Screen Room (Size ____) <input type="checkbox"/> Rear Screen	OEM A/M <input type="radio"/> <input type="radio"/>	<input type="checkbox"/> Propane Tanks <input type="checkbox"/> ____ Gal. <input type="checkbox"/> ____ Gal. <input type="checkbox"/> ____ Gal. <input type="checkbox"/> Batteries (Qty ____) <input type="checkbox"/> Full Body Paint <input type="checkbox"/> 3M Film	OEM A/M <input type="radio"/> <input type="radio"/>
Main Awning <input type="checkbox"/> Awning #1 (Length ____) <input type="checkbox"/> Manual <input type="checkbox"/> Electric <input type="checkbox"/> Awning #2 (Length ____) <input type="checkbox"/> Manual <input type="checkbox"/> Electric <input type="checkbox"/> Weatherguard <input type="checkbox"/> Wind Sensor	Window Awnings <input type="checkbox"/> Length ____ <input type="checkbox"/> Length ____ <input type="checkbox"/> Length ____ <input type="checkbox"/> Length ____ <input type="checkbox"/> Length ____			

Jacks/Leveling Systems

Stabilizer Jacks <input type="checkbox"/> Scissor <input type="checkbox"/> Crank Down <input type="checkbox"/> Electric	Leveling Systems <input type="checkbox"/> Front Power Leveling Jacks <input type="checkbox"/> Rear Power Leveling Jacks <input type="checkbox"/> Electric Auto Leveling System <input type="checkbox"/> Hydraulic Leveling Jacks <input type="checkbox"/> Tongue Jack <input type="checkbox"/> Power <input type="checkbox"/> Manual
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Interior Features

Kitchen <input type="checkbox"/> Full <input type="checkbox"/> Partial Bath <input type="checkbox"/> Half <input type="checkbox"/> Full <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> Shower Enclosure (Glass)	Refrigerator <input type="checkbox"/> Standard <input type="checkbox"/> Side by Side Upgrade <input type="checkbox"/> 4 Door Luxury <input type="checkbox"/> 2.5 - 4.0 cu. ft. <input type="checkbox"/> 5.0 - 7.0 cu. ft. <input type="checkbox"/> 8.0 - 10.0 cu. ft. <input type="checkbox"/> 2 Way <input type="checkbox"/> 3 Way	Appliances <input type="checkbox"/> Microwave <input type="checkbox"/> Microwave/Convection <input type="checkbox"/> Dishwasher <input type="checkbox"/> Washer/Dryer <input type="checkbox"/> Hook Up Only <input type="checkbox"/> Water Heater (____ Gal) <input type="checkbox"/> w/DSI <input type="checkbox"/> Central Vacuum <input type="checkbox"/> Fireplace	A/C <input type="checkbox"/> 1 <input type="checkbox"/> ____ BTU <input type="checkbox"/> 2 <input type="checkbox"/> ____ BTU <input type="checkbox"/> 3 <input type="checkbox"/> ____ BTU <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Central/Ducted	Generator <input type="checkbox"/> ____ KW <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Propane Inverter <input type="checkbox"/> ____ Watts	Furnace <input type="checkbox"/> Standard <input type="checkbox"/> 10,000-12,000 BTU <input type="checkbox"/> 13,000-19,000 BTU <input type="checkbox"/> 20,000-29,000 BTU <input type="checkbox"/> 30,000 BTU and higher <input type="checkbox"/> Heat Pump	Equipment <input type="checkbox"/> Power Roof Vents (Qty ____) <input type="checkbox"/> Power Bunk System
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Electronics/Power Accessories

Entertainment <input type="checkbox"/> TV (Size ____") <input type="checkbox"/> LCD <input type="checkbox"/> Flatscreen <input type="checkbox"/> VCR <input type="checkbox"/> TV (Size ____") <input type="checkbox"/> LCD <input type="checkbox"/> Flatscreen <input type="checkbox"/> DVD <input type="checkbox"/> TV (Size ____") <input type="checkbox"/> LCD <input type="checkbox"/> Flatscreen <input type="checkbox"/> Blue Ray <input type="checkbox"/> TV (Size ____") <input type="checkbox"/> LCD <input type="checkbox"/> Flatscreen <input type="checkbox"/> Surround Sound <input type="checkbox"/> Satellite - Manual Point <input type="checkbox"/> Outside Entertainment <input type="checkbox"/> Satellite - Auto Seek

Sound System

<input type="checkbox"/> Standard AM <input type="checkbox"/> Standard AM/FM <input type="checkbox"/> Standard AM/FM/CA <input type="checkbox"/> Standard AM/FM/CD <input type="checkbox"/> Standard AM/FM/CD/MP3/DVD <input type="checkbox"/> Premium AM/FM/CD <input type="checkbox"/> 12V USB Charging Station	<input type="checkbox"/> XM Radio <input type="checkbox"/> Bluetooth
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Condition Rating

Overall Condition <input type="checkbox"/> Excellent <input type="checkbox"/> Above Avg <input type="checkbox"/> Average <input type="checkbox"/> Below Avg <input type="checkbox"/> Poor
Exterior Condition <input type="checkbox"/> Excellent <input type="checkbox"/> Above Avg <input type="checkbox"/> Average <input type="checkbox"/> Below Avg <input type="checkbox"/> Poor
Interior Condition <input type="checkbox"/> Excellent <input type="checkbox"/> Above Avg <input type="checkbox"/> Average <input type="checkbox"/> Below Avg <input type="checkbox"/> Poor

Service Requested

Total Loss Valuation
 Guaranteed Salvage Bid*
 Cost Audit
 Full Appraisal
 Diminished Value*
 Collision Estimate

* Salvage Bids and Diminished Value requests require a photo and estimate.

Type of Vehicle

5th Wheel
 Toy Hauler
 Travel Trailer
 Toy Hauler
 "Pop-Up" Camping Trailer
 Truck Camper

Comments/Additional Info:

Please include date & cost on upgrades/add-ons.

Pictures Receipts* from owner

*Please do not include maintenance receipts.