

Truck Body or Trailer Identification & Equipment Report

Adjuster _____ Our Loss Number: _____

Vehicle Owner _____ Address _____ Phone _____

City _____ State _____ Zip Code _____ Policy No. _____

Location of Inspection _____ Date Received _____ Date Appraised _____

1. Unit Identification	Year	Make	Model	Serial No.	Unit No.	License No.	State
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2. General	Date Mfg.	Length/Ft.	Width/Ft.	Height/Ft.	Capacity
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3. Model	<input type="checkbox"/> Reefer	<input type="checkbox"/> Box	<input type="checkbox"/> Grain	<input type="checkbox"/> Container	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Tiltbed
	<input type="checkbox"/> Dry Van	<input type="checkbox"/> Furniture	<input type="checkbox"/> Hopper	<input type="checkbox"/> Stakebody	<input type="checkbox"/> Lowboy	<input type="checkbox"/> Gooseneck
	<input type="checkbox"/> Dump-End	<input type="checkbox"/> Single Hoist	<input type="checkbox"/> Transfer Dump		<input type="checkbox"/> Converter Dollies	
	<input type="checkbox"/> Dump-Bottom	<input type="checkbox"/> Double Hoist	<input type="checkbox"/> Frameless		<input type="checkbox"/> Hydraulic Lift Neck	
<input type="checkbox"/> Tanker-Fuel	No. of Compartments _____			<input type="checkbox"/> Single Bulkhead	<input type="checkbox"/> Top Load	
<input type="checkbox"/> Tank-Other	Describe: _____			<input type="checkbox"/> Double Bulkhead	<input type="checkbox"/> Bottom Load	

4. Construction	Frame	<input type="checkbox"/> Center Rails	<input type="checkbox"/> In Body	<input type="checkbox"/> Aluminum
		<input type="checkbox"/> Side Rails	<input type="checkbox"/> Steel	<input type="checkbox"/> Stainless
	Body	<input type="checkbox"/> Stainless	<input type="checkbox"/> Steel	<input type="checkbox"/> Exterior Post
		<input type="checkbox"/> Aluminum	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Painted
	Doors	<input type="checkbox"/> Rear Rollup	<input type="checkbox"/> Curbside	<input type="checkbox"/> Double
		<input type="checkbox"/> Rear Hinged	<input type="checkbox"/> Road Side	<input type="checkbox"/> Single
Interior	<input type="checkbox"/> Plywood	<input type="checkbox"/> Steel	<input type="checkbox"/> Fixed	
	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Rub Rails	<input type="checkbox"/> Other	
Floor	<input type="checkbox"/> Aluminum Rib	<input type="checkbox"/> Deck Plate	<input type="checkbox"/> Air Channel	
	<input type="checkbox"/> Stainless	<input type="checkbox"/> Wood	<input type="checkbox"/> Heated	
Type Insulation	<input type="checkbox"/> Foam in place		Thickness _____	
	<input type="checkbox"/> Insulation	Sides _____	Roof _____ Floor _____	

5. Reefer	Make	Model	Serial	Hours	Oil Level
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6. Tanker Equipment	<input type="checkbox"/> Aux. Pump Size _____	<input type="checkbox"/> High Level Shut Off Type _____	<input type="checkbox"/> Pressurized Vessel	<input type="checkbox"/> Meter Capacity _____
	Make _____ Model _____	<input type="checkbox"/> Vapor Recovery System	<input type="checkbox"/> Venting System	Make _____ Model _____
	Visual Insp. Date _____	Hose Reels # Size _____	<input type="checkbox"/> Rear Pump or Clutch Control	
	Pressure Test Date _____	Side Cabinets # Size _____	<input type="checkbox"/> Rear Throttle Control	

7. Suspension	<input type="checkbox"/> Single Axle	<input type="checkbox"/> Fixed	<input type="checkbox"/> Wide Spread	<input type="checkbox"/> Spring	<input type="checkbox"/> Airbag	<input type="checkbox"/> Other
	<input type="checkbox"/> Tandem	<input type="checkbox"/> Sliding	Spread Dist. _____	<input type="checkbox"/> Walking Beam	<input type="checkbox"/> Air Leaf	_____

8. Aux. Axles	No. of Axles _____	<input type="checkbox"/> Stationary	<input type="checkbox"/> Air Lift	<input type="checkbox"/> Spring Lift	<input type="checkbox"/> Steerable
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9. Wheels	<input type="checkbox"/> Disc	<input type="checkbox"/> Spoke	<input type="checkbox"/> Steel	<input type="checkbox"/> Alum.	<input type="checkbox"/> Painted	<input type="checkbox"/> Polished	<input type="checkbox"/> Chrome
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10. Tires	Tire	Make & Size	/32	Highway	Traction	Recap	Bias	Radial	Damaged	Tire	Make & Size	/32	Highway	Traction	Recap	Bias	Radial	Damaged	
	LRFO									RRFO									
	LRFI									RRFI									
	LRRO									RRRO									
	LRRI									RRRI									

11. Extra Equipment	<input type="checkbox"/> Landing Gear	<input type="checkbox"/> Fenders	<input type="checkbox"/> Front	<input type="checkbox"/> Alum	<input type="checkbox"/> Scuff plate	<input type="checkbox"/> Alum.
	Style _____		<input type="checkbox"/> Rear	<input type="checkbox"/> Steel	<input type="checkbox"/> Steel	<input type="checkbox"/> Fiberglass
	<input type="checkbox"/> Bulkhead	<input type="checkbox"/> Steel	<input type="checkbox"/> Meatrails	<input type="checkbox"/> Cargo Control	<input type="checkbox"/> Fixed Binders	<input type="checkbox"/> Other
	<input type="checkbox"/> Sidekit	<input type="checkbox"/> Alum	<input type="checkbox"/> Blower	<input type="checkbox"/> TARPS	<input type="checkbox"/> Liftgate	_____

Comments & Additional Equipment	
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Appraiser _____

Loss Number:

Doc. Type: Loss Worksheet

Unit Description	Year	Make	Model	Date Mfg.	Serial No.	Mileage	License No.	State
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	Guide Book Value + or -	
	Wholesale	Retail
A. Basic Book Value		
B.		
C.		
D.		
E.		
F.		
G.		
H.		
I.		
Guide Book Total:		

Item	Recondition + or -	
	Description	Cost
Total Reconditioning:		

Guide Book Value + or - Reconditioning _____

Guide Book Value Total _____

Name		Market Survey Address	Phone	Quote
1.				
2.				
3.				

Market Value Range _____

Appraiser's suggested ACV _____

Comments:

SALVAGE: Unit at _____

Wrecker charges _____ Storage per day \$ _____ From _____

Salvage bids by phone Yes No

Name	Address	Phone	Quote
1.			
2.			
3.			

Appraiser's suggested opinion of salvage value _____

This unit could possibly produce higher salvage recovery in other areas, explain _____

Appraisal amount _____ Recommend repair Yes No

Explain _____

Recommend total Yes No

Comments:

Appraiser _____