

**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/Insured**

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

**Vehicle/Asset**

VIN	Year	Make	Model	Mileage	Hours
				<input type="checkbox"/> Original <input type="checkbox"/> Unknown / Assume Avg	

Drive Line Type	Axle Configuration	Fuel Type	Overall Condition
<input type="checkbox"/> 2WD <input type="checkbox"/> 4WD <input type="checkbox"/> 6WD		<input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> CNG <input type="checkbox"/> Electric	<input type="checkbox"/> Excellent <input type="checkbox"/> Above Avg <input type="checkbox"/> Average <input type="checkbox"/> Below Avg <input type="checkbox"/> Poor

Body Type	Cab Type	Total Capacity
<input type="checkbox"/> Backhoe <input type="checkbox"/> Bulldozer <input type="checkbox"/> Compactor <input type="checkbox"/> Crane <input type="checkbox"/> Excavator <input type="checkbox"/> Forklift <input type="checkbox"/> Loader <input type="checkbox"/> Skid Steer <input type="checkbox"/> Street Sweeper <input type="checkbox"/> Other _____	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> _____ tons <input type="checkbox"/> _____ lbs

**Powertrain**

Engine	Make / Model	Type	HP	Engine Condition	
				<input type="checkbox"/> Excellent <input type="checkbox"/> Above Avg <input type="checkbox"/> Average <input type="checkbox"/> Below Avg <input type="checkbox"/> Poor	
	Rebuilt Engine	Type	Date	Cost	Miles
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New <input type="checkbox"/> In Frame <input type="checkbox"/> Out of Frame <input type="checkbox"/> Reman			
Transmission	Make / Model	Type	# of Gears	Transmission Condition	
		<input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Hydrostatic		<input type="checkbox"/> Excellent <input type="checkbox"/> Above Avg <input type="checkbox"/> Average <input type="checkbox"/> Below Avg <input type="checkbox"/> Poor	
	Rebuilt Trans	Type	Date	Cost	Miles
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New <input type="checkbox"/> Reman			
	Rebuilt Undercarriage	Date	Cost		
	<input type="checkbox"/> Yes <input type="checkbox"/> No				

**Tires/Axles**

Front	Wheel / Tire / Track Type	Tire Size	Qty	Tire Tread Remaining	# of Axles
	<input type="checkbox"/> Alum Wheels <input type="checkbox"/> Pneumatic Tires <input type="checkbox"/> Rubber Tracks <input type="checkbox"/> Steel Wheels <input type="checkbox"/> Steel Solid Tires <input type="checkbox"/> Steel Tracks <input type="checkbox"/> Alum/Steel Wheels <input type="checkbox"/> Tracks over 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%	
Rear	Wheel / Tire / Track Type	Tire Size	Qty	Tire Tread Remaining	Dual Wheels
	<input type="checkbox"/> Alum Wheels <input type="checkbox"/> Pneumatic Tires <input type="checkbox"/> Rubber Tracks <input type="checkbox"/> Steel Wheels <input type="checkbox"/> Steel Solid Tires <input type="checkbox"/> Steel Tracks <input type="checkbox"/> Alum/Steel Wheels <input type="checkbox"/> Tracks over 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**

<input type="checkbox"/> Blade Size _____ <input type="checkbox"/> 6-Way Blade	<input type="checkbox"/> Hitch <input type="checkbox"/> Standard <input type="checkbox"/> 3 Point <input type="checkbox"/> Other _____	<input type="checkbox"/> Outriggers <input type="checkbox"/> Articulating Cab <input type="checkbox"/> Self-Propelled <input type="checkbox"/> Trailer Mounted	<input type="checkbox"/> Equipment Add-ons <input type="checkbox"/> Additional Weights <input type="checkbox"/> Back Hoe <input type="checkbox"/> Front End Loader (Size _____ inches _____ yards) <input type="checkbox"/> Front Loader/Back Hoe Combo <input type="checkbox"/> Ripper <input type="checkbox"/> Shredder <input type="checkbox"/> Other _____	<input type="checkbox"/> Combine Heads <input type="checkbox"/> Corn <input type="checkbox"/> Wheat <input type="checkbox"/> Rice <input type="checkbox"/> Cotton <input type="checkbox"/> Chopper <input type="checkbox"/> Header _____ rows <input type="checkbox"/> Other _____
<input type="checkbox"/> Bucket/Boom Lift (Length _____) <input type="checkbox"/> Maximum Extension _____ ft. <input type="checkbox"/> Rear Bucket Size _____ inches <input type="checkbox"/> Lift Range _____ ft.	<input type="checkbox"/> Auxiliary Hydraulics <input type="checkbox"/> Regular Terrain <input type="checkbox"/> Rough Terrain			

<input type="checkbox"/> PTO <input type="checkbox"/> Wet Kit <input type="checkbox"/> Grapples	<input type="checkbox"/> Forks <input type="checkbox"/> Extend-a-hoe <input type="checkbox"/> Thumbs	<input type="checkbox"/> Quick Coupler <input type="checkbox"/> Auxiliary Hydraulics	<input type="checkbox"/> Rollover Protection Structure <input type="checkbox"/> EROPS <input type="checkbox"/> None <input type="checkbox"/> Other _____
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**Interior Features**

Options
<input type="checkbox"/> Heater <input type="checkbox"/> A/C <input type="checkbox"/> Insulation Package <input type="checkbox"/> Other _____
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**

Agricultural / Heavy Equipment  
 Specialized Equipment

**Comments/Additional Info:**

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

Pictures
  Receipts\* from owner  
 \*Please do not include maintenance receipts.