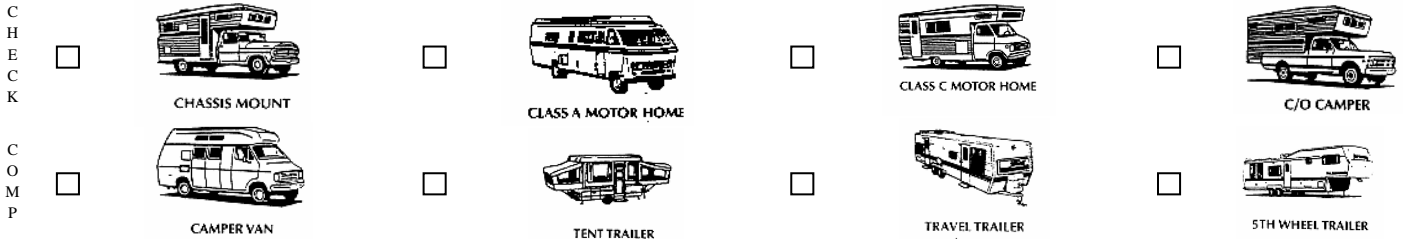




SCA Recreational Vehicle - Identification Form

SCA File # (Required)	Ins. Company	Claim Rep Name	Claim Rep Phone #	Loss Date
Claim #	Policy/Member #	Insured Name	Insured Phone #	Loss Type
Market Area (City/Zip/Postal Code)		Claimant Name	Claimant Phone #	License #

Ext. Color		VIN				
Year	Make	Series	Model	Doors	Chassis Mfg.	
Slide Out Living Area <input type="checkbox"/> Yes <input type="checkbox"/> No	Slide Out Bedroom <input type="checkbox"/> <input type="checkbox"/> No	Length	# of Rear Axles	Odometer	Engine Size	# Cylinders
Trans. <input type="checkbox"/> Auto <input type="checkbox"/> Manual						



VEHICLE EQUIPMENT				
CAB ACCESSORIES <input type="checkbox"/> Power Steering (PS) <input type="checkbox"/> Power Windows (PW) <input type="checkbox"/> Power Locks (PL) <input type="checkbox"/> Power Seats <input type="checkbox"/> Leather Seats _____ # Captain Chairs <input type="checkbox"/> Cruise Control (CC) <input type="checkbox"/> Tilt Wheel (FW) <input type="checkbox"/> Dash Air Cond. _____ # Roof Air Cond. <input type="checkbox"/> Swamp Cooler <input type="checkbox"/> Drivers Door (Class A Option) <input type="checkbox"/> AM/FM Stereo <input type="checkbox"/> Cass <input type="checkbox"/> CD <input type="checkbox"/> CD Changer <input type="checkbox"/> Equalizer <input type="checkbox"/> CB - Radio BATHROOM <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Toilet <input type="checkbox"/> Porta Potti <input type="checkbox"/> Hot Water Heater	LIVING AREA Sleeps # _____ People _____ # Fulltime Beds _____ # of Couches _____ # of Chairs <input type="checkbox"/> Dinette _____ # of TV's _____ Sizes <input type="checkbox"/> LCD <input type="checkbox"/> Color <input type="checkbox"/> Separate VCR <input type="checkbox"/> Separate DVD <input type="checkbox"/> TV/VCR Combo <input type="checkbox"/> Home Stereo <input type="checkbox"/> Cass <input type="checkbox"/> CD <input type="checkbox"/> CD Changer <input type="checkbox"/> Equalizer ELECTRICAL <input type="checkbox"/> I 10 Volt <input type="checkbox"/> 12 Volt <input type="checkbox"/> AC/DC Converter <input type="checkbox"/> Inverter Watts _____ <input type="checkbox"/> Monitor Panel <input type="checkbox"/> Generator Wafts _____ _____ # House Batteries	GALLEY <input type="checkbox"/> Microwave <input type="checkbox"/> Convection Oven <input type="checkbox"/> Stove <input type="checkbox"/> Oven <input type="checkbox"/> Refrigerator <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Battery <input type="checkbox"/> Ice Box (non powered) <input type="checkbox"/> Ice Maker <input type="checkbox"/> Water Purifier <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Food Processor <input type="checkbox"/> Built-in Blender <input type="checkbox"/> Built-in Coffee Maker HEATING <input type="checkbox"/> Furnace <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Aux Heater <input type="checkbox"/> Aqua Hot <input type="checkbox"/> Hydro Hot <input type="checkbox"/> Webasto <input type="checkbox"/> Heat Strips	MISCELLANEOUS <input type="checkbox"/> MAIN AWNING <input type="checkbox"/> Electric <input type="checkbox"/> Manual _____ # Window Awnings <input type="checkbox"/> Slide-Out Awning <input type="checkbox"/> Screen Room <input type="checkbox"/> Trader Hitch <input type="checkbox"/> Luggage Rack / Ladder <input type="checkbox"/> Roof Storage Pod <input type="checkbox"/> Rem Mount Tire Carrier <input type="checkbox"/> Satellite Dish <input type="checkbox"/> In Motion <input type="checkbox"/> Manual <input type="checkbox"/> Rem View Video Camera _____ # of Solar Panels <input type="checkbox"/> Electric Step <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Central Vacuum <input type="checkbox"/> Custom Wheels <input type="checkbox"/> SS Wheel Liners <input type="checkbox"/> Aluminum <input type="checkbox"/> Chrome <input type="checkbox"/> Washer/Dryer <input type="checkbox"/> Rubber Roof <input type="checkbox"/> Spot Lights <input type="checkbox"/> Air Hours <input type="checkbox"/> Power Roof Fans <input type="checkbox"/> Outside Shower <input type="checkbox"/> TV Antenna <input type="checkbox"/> TV Antenna w/Booster	SUSPENSION <input type="checkbox"/> Spring <input type="checkbox"/> Air Ride <input type="checkbox"/> Mor-Ryde <input type="checkbox"/> Other _____ EXTERIOR SKIN <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass SUPERSTRUCTURE <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Wood LEVELERS <input type="checkbox"/> Manual Stab Jacks <input type="checkbox"/> Electric Screw <input type="checkbox"/> Hydraulic Ram <input type="checkbox"/> Computer Controlled TONGUEJACK <input type="checkbox"/> Manual <input type="checkbox"/> Electric HOLDING TANKS <input type="checkbox"/> Grey Water <input type="checkbox"/> Waste Water <input type="checkbox"/> Fresh Water _____ # LPG _____ # Fuel

CONDITION Check either Sub-category (Seats/Paint/Engine/etc.) or Category (INT/EXT/MECH/TIRE) or write in Description and \$ amount.

INTERIOR	<input type="checkbox"/> ABOVE AVERAGE	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> BELOW AVERAGE			
EXTERIOR	<input type="checkbox"/> ABOVE AVERAGE	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> BELOW AVERAGE			
MECHANICAL	<input type="checkbox"/> ABOVE AVERAGE	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> BELOW AVERAGE			
ENGINE	<input type="checkbox"/> New/Rebuilt	<input type="checkbox"/> Well Maint	<input type="checkbox"/> Minor Wear	<input type="checkbox"/> Needs Minor Work	<input type="checkbox"/> Needs Major Work	Desc/ \$:
	Rebuilt Engine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Miles on Rebuilt		Cost: \$
TRANS	<input type="checkbox"/> New/Rebuilt	<input type="checkbox"/> Well Maint	<input type="checkbox"/> Minor Wear	<input type="checkbox"/> Needs Minor Work	<input type="checkbox"/> Needs Major Work	Desc/ \$:
	Rebuilt Trans	<input type="checkbox"/> yes	<input type="checkbox"/> No	Miles on Rebuilt		Cost: \$
SUSPENSION	<input type="checkbox"/> New/Rebuilt	<input type="checkbox"/> Well Maint	<input type="checkbox"/> Minor Wear	<input type="checkbox"/> Needs Minor Work	<input type="checkbox"/> Needs Major Work	Desc/ \$:
	Rebuilt Susp	<input type="checkbox"/> yes	<input type="checkbox"/> No	Miles on Rebuilt		Cost: \$
OTHER MECHANICAL RECEIPTS	Desc/ \$:		Date work done/Part(s):			
TIRES	<input type="checkbox"/> ABOVE AVERAGE	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> BELOW AVERAGE			