

**SALVAGE DISPOSITION FORM**  
Email to : [cwsalexp@commerceinurance.com](mailto:cwsalexp@commerceinurance.com)

Insd \_\_\_\_\_ DOL \_\_\_\_\_  
 Owner \_\_\_\_\_ Zip Code \_\_\_\_\_ Date Insp \_\_\_\_\_  
 Claim # \_\_\_\_\_ Plate # \_\_\_\_\_ Color \_\_\_\_\_  
 Apprl Co. \_\_\_\_\_  
 Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Mileage \_\_\_\_\_

VIN \_\_\_\_\_

**SALVAGE EXPEDITER INFO.**

Veh. Location \_\_\_\_\_ Phone # \_\_\_\_\_  
 Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

TOW # \_\_\_\_\_ Release ? Verbal  Written   
 1<sup>st</sup> TOW \$ \_\_\_\_\_ In  Out  Drivable Yes  No   
 Storage/Day \_\_\_\_\_ Police Tow Yes  No   
 Fenced Y  N  Lighted Y  N

2<sup>nd</sup> TOW \$ \_\_\_\_\_ In  Out   
 Storage/Day \_\_\_\_\_  
 Fenced Y  N  Lighted Y  N

Expediters Notified By E-Mail \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Comments: \_\_\_\_\_

<b>ACV FROM AUTOSOURCE</b>
\$ _____

<b>APPRAISAL AMOUNT</b>
\$ _____

Primary Area of Impact \_\_\_\_\_

Appraiser \_\_\_\_\_ Appr. License # \_\_\_\_\_ Date Prepared \_\_\_\_\_

Appraiser Direct Phone # \_\_\_\_\_