

COMMERCIAL TRAILER CONDITION REPORT

Claim Rep Name: _____ Claim #: _____

Office Fax: _____ E-mail: _____

Owner's Name: _____ Contact Name: _____

City: _____ State: _____ Phone: _____

Domicile Location Zip Code (Required): _____ Date of Loss: _____

VIN:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Year: _____ Make: _____ Model: _____

Type (check one): Dry Van Refrigerated Van Flat Bed Tank Dump
Other: _____

Exterior Construction (check one): Aluminum FRP Steel Other: _____

Number of Axles: _____

Length in Feet: _____ Height in Feet: _____ Width in Inches: _____

Sliding Axles: Yes No

Suspension (check one): Spring Air Ride Torsion Bar Other: _____

Hubometer: _____ GVW: _____ ABS: Yes No

Interior Lining: None Plywood Kemplite FRP Other: _____

Insulated: Yes No

Rear Door Type: Swing Roll Up Other: _____

Side Door: Yes No

Outside Wheel Type: Steel Aluminum

Inside Wheel Type: Steel Aluminum None

Tire Size: _____

REFRIGERATED TRAILERS ONLY

Cooling Unit Mfr: _____ Model#: _____ Year: _____ Hours: _____ Commodity Carried: _____

TANK TRAILERS ONLY

Compartments: _____ Size: _____ Commodity Carried: _____

Pump System: _____ Heated: Yes No

TRAILER CONDITIONS

Interior

Lining 1 2 3 4 5

Exterior

Body 1 2 3 4 5

Paint 1 2 3 4 5

Wear Remaining Front _____ %

Wear Remaining Rear _____ %

Comments: _____

Mechanical

Cooling Unit 1 2 3 4 5

Overhaul Type: _____

Hours Since Overhaul: _____ Date: _____

Cost: _____

Overall 1 2 3 4 5

Hydraulics 1 2 3 4 5