

### Heavy Equipment Total Loss

Date Requested:

Autobid Request No	Company Name	Adjuster Name	Adjuster Phone No	Loss Date
Claim No	File #	Insured Name	Insured Phone No	Loss Type
Market Area (City/Zip)		Claimant Name	Claimant Phone No	
Adjuster eMail address		Appraiser Name	Appraiser eMail Address	Appraiser Phone No
VIN	Year	Make	Model	
Style	Engine	Transmission	Mileage	
<b>Interior Condition</b>	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average		Prior Damage	\$
<b>Exterior Condition</b>	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average		<b>Remarks on Condition</b>	
<b>Tires Condition</b>	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average			

#### Equipment

Miscellaneous					Other
<input type="checkbox"/>	Enclosed ROPS				<input type="checkbox"/>
<input type="checkbox"/>	Open ROPS				<input type="checkbox"/>
<input type="checkbox"/>	Air Conditioning				<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

#### Comments/detail of aftermarket items