

Snowmobile 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	Hours	
Exterior Condition	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average			Prior Damage \$
Tires Condition	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average			
		Style		

Equipment

Safety		Radio / Alarm		Seats		Engine	
<input type="checkbox"/>	Fog Lamps	<input type="checkbox"/>	AM/FM Radio	<input type="checkbox"/>	2nd Seat	<input type="checkbox"/>	Front Drums
<input type="checkbox"/>	Engine Guards	<input type="checkbox"/>	CD	<input type="checkbox"/>	Rear Storage Type	<input type="checkbox"/>	Displacement
<input type="checkbox"/>	Hand Warmers	<input type="checkbox"/>	CB Radio	<input type="checkbox"/>	Backrest	<input type="checkbox"/>	Reverse
Decor		<input type="checkbox"/>	GPS Navigation				
<input type="checkbox"/>	Cover						
<input type="checkbox"/>	Track Cleats and Studs					Other Options	
<input type="checkbox"/>	Windshield					<input type="checkbox"/>	12 V power Outlet
<input type="checkbox"/>	Light Bar					<input type="checkbox"/>	Tow Hitch
						<input type="checkbox"/>	
						<input type="checkbox"/>	

Comments/Additional Equipment