

ATV/Motorcycle 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/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		Displacement	\$
Remarks				

Equipment

Safety		Radio / Alarm		Seats		Brakes	
<input type="checkbox"/>	Fog Lamps	<input type="checkbox"/>	AM/FM Radio	<input type="checkbox"/>	Backrest	<input type="checkbox"/>	Front Drums
<input type="checkbox"/>	Engine Guards	<input type="checkbox"/>	CD	<input type="checkbox"/>	Hard Case Saddle Bags	<input type="checkbox"/>	Rear Drums
Decor		<input type="checkbox"/>	CB Radio	<input type="checkbox"/>	Leather Saddle Bags		Luggage Rack
<input type="checkbox"/>	Full Fairings	<input type="checkbox"/>	Alarm System	<input type="checkbox"/>	Trunk	<input type="checkbox"/>	Rear Disc
<input type="checkbox"/>	Windshield			<input type="checkbox"/>	Luggage Rack	<input type="checkbox"/>	ABS
<input type="checkbox"/>	Light Bar			Trailer/Side Car		Engine	
				<input type="checkbox"/>	Utility Trailer	<input type="checkbox"/>	Electronic Start
				<input type="checkbox"/>	Sleeper Trailer	<input type="checkbox"/>	Cruise Control
				<input type="checkbox"/>	Trailer Hitch	<input type="checkbox"/>	Oil Cooler
				<input type="checkbox"/>	Side Car		High Performance Exhaust (OEM)
					Side Car Make		

Comments/Detail of aftermarket items

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