

### Non-Commercial Trailer 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			Color	
<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</b>
<b>Tire Condition</b>	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average			
<b>Trailer Dimensions</b>	Length	Width	Height	

**Equipment**

<input type="checkbox"/>	Finished Interior	<input type="checkbox"/>	Rock Guard	<input type="checkbox"/>	Aluminum Exterior	<input type="checkbox"/>	
<input type="checkbox"/>	Shelving	<input type="checkbox"/>	Single Axle	<input type="checkbox"/>	Steel Exterior	<input type="checkbox"/>	
<input type="checkbox"/>	Cabinets	<input type="checkbox"/>	Tandem Axle	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Tie Downs	<input type="checkbox"/>	Axle Rating	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Electrical Outlets	<input type="checkbox"/>	Spring Suspension	<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>	Torsion Suspension	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Wood Floor	<input type="checkbox"/>	Electric Brakes	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Solid Metal Floor	<input type="checkbox"/>	Surge Brakes	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Expanded Metal Floor	<input type="checkbox"/>	Aluminum Wheels	<input type="checkbox"/>		<input type="checkbox"/>	<b>Misc.</b>
<input type="checkbox"/>	Rear Ramp Gate	<input type="checkbox"/>	Steel Wheels	<input type="checkbox"/>		<input type="checkbox"/>	Generator
<input type="checkbox"/>	Fold Up Ramps	<b>Horse/Stock</b>		<input type="checkbox"/>		<input type="checkbox"/>	Winch
<input type="checkbox"/>	Slide In Ramps	<input type="checkbox"/>	Slant Load	<input type="checkbox"/>		<input type="checkbox"/>	AC
<input type="checkbox"/>	Rear Ramp Door	<input type="checkbox"/>	Straight Load	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Front Ramp Door	<input type="checkbox"/>	Number of Horses _____	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Rear Swing Doors		Tack Room	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Curbside Door	<input type="checkbox"/>	Dressing Room	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	V-Nose	<input type="checkbox"/>	Living Quarters	<input type="checkbox"/>		<input type="checkbox"/>	

**Comments/Additional Equipment**