

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