

		Audatex Request #		Audatex ID # (Required)					
		<input type="checkbox"/> Total Loss      Point of Impact: Gross Estimate Amount \$:		Claim Rep Name	Claim Rep Phone #	Loss Date			
Claim #		Policy #		Owner Name		(1st) Owner Phone #	Loss Type		
Market Area (City/Zip/Postal Code)		Inspection (City & State)		<input type="checkbox"/> Insured <input type="checkbox"/> Claimant		(2nd) Owner Phone #			
10 <sup>th</sup> digit-model year J=88 K=89 L=90 M=91 N=92 P=93 R=94 S=95 T=96 V=97 W=98 X=99 Y=2000 1=01 2=02 3=03 4=04 5=05 6=06 7=07 8=08 9=09 A=10									
Odometer/Hours		Ext. Color		VIN:					
Year	Make	Model		Cab Type <input type="checkbox"/> Open Cab <input type="checkbox"/> Enclosed Cab		Vehicle Type <input type="checkbox"/> Air Compressor <input type="checkbox"/> Generator <input type="checkbox"/> Lawn Mower <input type="checkbox"/> Pressure Washer <input type="checkbox"/> Welder <input type="checkbox"/> Tar Kettle <input type="checkbox"/> Truck Canopy (topper) <input type="checkbox"/> Arrow Board <input type="checkbox"/> Message Board <input type="checkbox"/> Hay Baler <input type="checkbox"/> Other			
Drive <input type="checkbox"/> 2WD <input type="checkbox"/> 4WD <input type="checkbox"/> Track		Engine Make/Model		Fuel Type <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Propane		Horsepower			
Transmission <input type="checkbox"/> Power Shift <input type="checkbox"/> Synchro Shift <input type="checkbox"/> Manual Shift <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Shuttle Shift						# of Gears Forward:                      Reverse:			
				<b>EQUIPMENT</b>					
<b>EQUIPMENT</b> <input type="checkbox"/> Power Steering <input type="checkbox"/> Tilt/Telescoping Wheel <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heater <input type="checkbox"/> Insulation Package <input type="checkbox"/> Windows <input type="checkbox"/> Glass <input type="checkbox"/> Other <input type="checkbox"/> Suspension Seat Radio Type <input type="checkbox"/> AM/FM Stereo <input type="checkbox"/> AM/FM Cass <input type="checkbox"/> AM/FM CD <b>AIR COMPRESSOR</b> CFM: PSI: <input type="checkbox"/> Trailer Mounted <b>GENERATOR</b> Kilowatt Size: <input type="checkbox"/> Sound Attenuated <input type="checkbox"/> Trailer Mounted <b>LAWN MOWER</b> Mower Type <input type="checkbox"/> Push Mower <input type="checkbox"/> Riding Mower <input type="checkbox"/> Zero Turn Mower Deck Cutting Width: <input type="checkbox"/> Bagger System <input type="checkbox"/> Self Propelled		<b>PRESSURE WASHER</b> PSI: GPM: <input type="checkbox"/> Hot Water Heater Heat Burner Type <input type="checkbox"/> Propane <input type="checkbox"/> Diesel Water Tank Capacity: Length of Hose: Hose Reel <input type="checkbox"/> Manual <input type="checkbox"/> Electric <input type="checkbox"/> Spray Wand <input type="checkbox"/> Trailer Mounted <b>TAR KETTLE</b> Tank Capacity (gal): Pump Manufacture: Engine Type <input type="checkbox"/> Propane <input type="checkbox"/> Diesel # of Burners: <input type="checkbox"/> Spray Wand Hose Length: Hose Reel <input type="checkbox"/> Manual <input type="checkbox"/> Electric <input type="checkbox"/> Temp Controls <input type="checkbox"/> Compressor Gauges <input type="checkbox"/> Tool Boxes <input type="checkbox"/> Trailer Mounted Application Type <input type="checkbox"/> Roof Top <input type="checkbox"/> Road Repair		<b>WELDER</b> Amp Size: Weld Type: <input type="checkbox"/> MIG-TIG-FLUX <input type="checkbox"/> Torch Generator Size: <input type="checkbox"/> Trailer Mounted <b>TRUCK CANOPY(TOPPER)</b> Truck Year: Truck Manufacture: Length <input type="checkbox"/> 6 Foot <input type="checkbox"/> 8 Foot Material Type <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass Canopy Height <input type="checkbox"/> Cab Height <input type="checkbox"/> Raised Roof <input type="checkbox"/> Color Match <input type="checkbox"/> Insulated Side Window Type <input type="checkbox"/> Sliding Glass <input type="checkbox"/> Flip-up Glass <input type="checkbox"/> Privacy Glass Rear Door Type <input type="checkbox"/> Flip-up Glass <input type="checkbox"/> Barn Doors <input type="checkbox"/> 3 <sup>rd</sup> Brake Light <input type="checkbox"/> Interior Lighting		<b>ARROW BOARD</b> Power Type <input type="checkbox"/> Solar Battery <input type="checkbox"/> Diesel <input type="checkbox"/> LP Gas # of Lights <input type="checkbox"/> 15 Lamps <input type="checkbox"/> 25 Lamps # of Arrow Modes <input type="checkbox"/> 7 <input type="checkbox"/> 12 <input type="checkbox"/> Trailer Mounted <b>MESSAGE BOARD</b> Power Type <input type="checkbox"/> Solar Battery <input type="checkbox"/> Diesel <input type="checkbox"/> LP Gas Board Dimensions <input type="checkbox"/> 96 in x 55 in <input type="checkbox"/> 138 in x 75 in # of Message Lines: Character per Line: <input type="checkbox"/> Trailer Mounted		<b>HAY BALER</b> Bale Type <input type="checkbox"/> Square <input type="checkbox"/> Round Bale Size (in): Bale Tie Type <input type="checkbox"/> Twine <input type="checkbox"/> Wire Bale Wrap System <input type="checkbox"/> Twine <input type="checkbox"/> Net <input type="checkbox"/> Bale Kicker/Push Bar <input type="checkbox"/> Gathering Wheels <input type="checkbox"/> Hydraulic Pickup <input type="checkbox"/> Gauge Wheels <b>OTHER</b> Other Equipment (free form text)(16 characters per line):	
<b>CONDITIONING:</b>									
<b>INTERIOR</b>		<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE		Prior Damage Cost: \$					
<b>EXTERIOR</b>		<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE		Prior Damage Cost: \$					
<b>MECHANICAL</b>		<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE							
<b>ENGINE</b>		Rebuilt Engine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hours on Rebuilt:	Cost: \$				
<b>TRANS</b>		Rebuilt Trans	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hours on Rebuilt:	Cost: \$				
<b>OTHER MECHANICAL RECEIPTS</b>		Desc/\$:			Date work done/Part(s):				
<b>FRONT TIRES</b>		<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE							
<b>REAR TIRES</b>		<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE							
<b>GEN'L COMMENTS:</b>									