

		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 th 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														
VIN:														
Year		Make		Series		Model		Doors		Chassis Mfg.				
Slide Out Living Area <input type="checkbox"/> Yes <input type="checkbox"/> No # of Slide Outs:			Slide Out Bedroom <input type="checkbox"/> Yes <input type="checkbox"/> No # of Slide Outs:			Length		# of Rear Axles		Odometer				
Engine Size			# Cylinders			Trans. <input type="checkbox"/> Auto <input type="checkbox"/> Manual			Motor Home Type: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C					
EQUIPMENT														
MOTOR HOME CAB ACCESSORIES <input type="checkbox"/> Power Steering <input type="checkbox"/> Power Windows <input type="checkbox"/> Power Locks <input type="checkbox"/> Power Seats <input type="checkbox"/> Leather Seats # Captain Chairs: <input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Wheel <input type="checkbox"/> Drivers Door (Class A Option) <input type="checkbox"/> CB - Radio <input type="checkbox"/> Dash Air Cond AIR CONDITIONING # Roof Air Cond: <input type="checkbox"/> Heat Strips <input type="checkbox"/> Central/Basement Air Cond STEREO Radio Type <input type="checkbox"/> AM/FM Stereo <input type="checkbox"/> AM/FM Cass <input type="checkbox"/> AM/FM CD <input type="checkbox"/> CD Changer <input type="checkbox"/> Equalizer BATHROOM <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Toilet <input type="checkbox"/> Porta-Potti <input type="checkbox"/> Hot Water Heater			LIVING AREA Sleeps # of People: # Fulltime Beds: # of Couches: # of Chairs: <input type="checkbox"/> Dinette # of TV's: TV Sizes: <input type="checkbox"/> BW <input type="checkbox"/> Color <input type="checkbox"/> VCR <input type="checkbox"/> DVD <input type="checkbox"/> Blue Ray Player <input type="checkbox"/> TV/VCR Combo #: <input type="checkbox"/> TV/DVD Combo #: STEREO <input type="checkbox"/> Surround Sound Radio Type <input type="checkbox"/> AM/FM Stereo <input type="checkbox"/> AM/FM Cass <input type="checkbox"/> AM/FM CD <input type="checkbox"/> CD Changer <input type="checkbox"/> Equalizer ELECTRICAL <input type="checkbox"/> 110 Volt <input type="checkbox"/> 12 Volt <input type="checkbox"/> AC/DC Converter <input type="checkbox"/> Invertor Watts: <input type="checkbox"/> Monitor Panel <input type="checkbox"/> Generator Watts: # of House Batteries:			GALLEY <input type="checkbox"/> Microwave <input type="checkbox"/> Microwave w/ Convection <input type="checkbox"/> Stove <input type="checkbox"/> Oven <input type="checkbox"/> Refrigerator <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Battery <input type="checkbox"/> Ice Box (non powered) <input type="checkbox"/> Ice Maker (not part of Refrigerator) <input type="checkbox"/> Water Purifier <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Built-in Blender <input type="checkbox"/> Built-in Coffee Maker HEATING <input type="checkbox"/> Furnace <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Aux Heater <input type="checkbox"/> Aqua Hot <input type="checkbox"/> Hydro Hot <input type="checkbox"/> Webasto			EXTERIOR EQUIPMENT <input type="checkbox"/> Main Awning <input type="checkbox"/> Electric <input type="checkbox"/> Manual # Window Awning(s): # Slide-Out Awning(s): <input type="checkbox"/> Trailer Tow Package <input type="checkbox"/> Luggage Rack / Ladder <input type="checkbox"/> Roof Storage Pod <input type="checkbox"/> Rear Mount Tire Carrier <input type="checkbox"/> Satellite Dish <input type="checkbox"/> In Motion <input type="checkbox"/> Manual <input type="checkbox"/> Auto-Track <input type="checkbox"/> GPS <input type="checkbox"/> Navigation <input type="checkbox"/> Rear View Video Camera <input type="checkbox"/> Color <input type="checkbox"/> Black/White # of Solar Panels: <input type="checkbox"/> Electric Step <input type="checkbox"/> Central Vacuum Custom Wheels <input type="checkbox"/> Aluminum <input type="checkbox"/> Chrome <input type="checkbox"/> Stainless Steel Wheel Liners <input type="checkbox"/> Washer/Dryer <input type="checkbox"/> Rubber Roof <input type="checkbox"/> Spot Lights <input type="checkbox"/> Air Horns <input type="checkbox"/> Power Roof Fans <input type="checkbox"/> Outside Shower <input type="checkbox"/> TV Antenna <input type="checkbox"/> TV Antenna w/Booster			SUSPENSION <input type="checkbox"/> Spring <input type="checkbox"/> Air Ride <input type="checkbox"/> Mor-Ryde Other: LEVELERS <input type="checkbox"/> Manual Stab Jacks <input type="checkbox"/> Electric Screw <input type="checkbox"/> Hydraulic Ram <input type="checkbox"/> Computer Controlled HOLDING TANKS <input type="checkbox"/> Grey Water <input type="checkbox"/> Waste Water <input type="checkbox"/> Fresh Water # LPG: # Fuel:		
CONDITIONING:														
INTERIOR <input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE						Prior Damage Cost: \$								
EXTERIOR <input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE						Prior Damage Cost: \$								
MECHANICAL <input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE														
ENGINE		Rebuilt Engine		<input type="checkbox"/> Yes <input type="checkbox"/> No		Miles on Rebuilt:		Cost: \$						
TRANS		Rebuilt Trans		<input type="checkbox"/> Yes <input type="checkbox"/> No		Miles on Rebuilt:		Cost: \$						
OTHER MECHANICAL RECEIPTS				Desc/\$:				Date work done/Part(s):						
TIRES <input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE														
GEN'L COMMENTS:														