

		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 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 B=11 C=12							
Odometer/Hours <input type="checkbox"/> Actual		Ext. Color		VIN:			
Year	Make	Model	Model Designation/Edition		# of Cylinders	Engine Displacement (cc/cui)	
SNOWMOBILE EQUIPMENT							
Engine/Drivetrain Induction: <input type="checkbox"/> Carbureted <input type="checkbox"/> Fuel Injected <input type="checkbox"/> Turbocharged <input type="checkbox"/> Supercharged <input type="checkbox"/> Nitrous Oxide Starter: <input type="checkbox"/> Pull Start <input type="checkbox"/> Electric Start Transmission: <input type="checkbox"/> Reverse Gear <input type="checkbox"/> Clutch Kit Exhaust: <input type="checkbox"/> Canister <input type="checkbox"/> Full Exhaust <input type="checkbox"/> Ceramic Coated Brand: _____		Skis/Track/Shocks Skis: <input type="checkbox"/> Composite <input type="checkbox"/> OEM <input type="checkbox"/> AM <input type="checkbox"/> Metal <input type="checkbox"/> OEM <input type="checkbox"/> AM <input type="checkbox"/> Skins <input type="checkbox"/> Carbides Track: <input type="checkbox"/> Long Track <input type="checkbox"/> OEM <input type="checkbox"/> AM <input type="checkbox"/> Short Track <input type="checkbox"/> OEM <input type="checkbox"/> AM Track Length (inches): _____ <input type="checkbox"/> Studded <input type="checkbox"/> Paddle Shocks: <input type="checkbox"/> Air Qty ____ <input type="checkbox"/> Remote Reservoir Qty ____ <input type="checkbox"/> Custom Qty ____ Brand: _____		Body/Seat/Protection Body: <input type="checkbox"/> Cut Hood <input type="checkbox"/> Graphics <input type="checkbox"/> Custom Paint Scheme <input type="checkbox"/> Screen Kit <input type="checkbox"/> Mountain Bar <input type="checkbox"/> Custom Tank <input type="checkbox"/> Plastic <input type="checkbox"/> Carbon Fiber <input type="checkbox"/> Metal Seat: <input type="checkbox"/> Flat <input type="checkbox"/> OEM <input type="checkbox"/> AM <input type="checkbox"/> 2-Up <input type="checkbox"/> OEM <input type="checkbox"/> AM <input type="checkbox"/> Backrest <input type="checkbox"/> Rider <input type="checkbox"/> Passenger <input type="checkbox"/> Both Protection: <input type="checkbox"/> Tunnel Protector <input type="checkbox"/> Skid Plate <input type="checkbox"/> Cover		Miscellaneous <input type="checkbox"/> 12V Plug <input type="checkbox"/> Adjustable Handle Bar Risers <input type="checkbox"/> Foot Grips <input type="checkbox"/> OEM <input type="checkbox"/> AM <input type="checkbox"/> Hand Warmers <input type="checkbox"/> Thumb Warmers <input type="checkbox"/> Hand/Thumb Warmers for 2-Up Seat <input type="checkbox"/> Idler Wheel Kit <input type="checkbox"/> Luggage Rack <input type="checkbox"/> Soft Saddle Bags <input type="checkbox"/> Temperature Gauge <input type="checkbox"/> Trailer Hitch <input type="checkbox"/> Windshield <input type="checkbox"/> Low Grade <input type="checkbox"/> Medium Grade <input type="checkbox"/> High Grade	
CONDITIONING:							
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						Prior Damage Cost: \$	
ENGINE	Rebuilt Engine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mileage/Hours on Rebuilt:	Cost: \$		
TRANS	Rebuilt Trans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mileage/Hours on Rebuilt:	Cost: \$		
OTHER MECHANICAL RECEIPTS		Description/\$:			Date work done/Part(s):		
TRACK <input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE						Prior Damage Cost: \$	
GENERAL COMMENTS:							