

Claim Information

Customer Claim Number	Customer Reference	Loss Date	Type of Loss	Deductible	Prior Damage
			<input type="checkbox"/> Collision <input type="checkbox"/> Fire <input type="checkbox"/> Flood <input type="checkbox"/> Theft <input type="checkbox"/> Comprehensive		

Claim Rep

Company	Claim Rep Name	Claim Rep Email	Claim Rep Phone

Owner

Name	Phone	E-mail	Can DCI contact owner?	<input type="checkbox"/> Insured
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Claimant
Address	City	State	Zip	

Vehicle/Asset

VIN	Year	Make	Series	Model #	Length	# of Axles

GVW	Fuel Type	Mileage	Motorhome Class	School Bus Type
	<input type="checkbox"/> Gas <input type="checkbox"/> Diesel	<input type="checkbox"/> Unknown / Assume Avg	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D

Powertrain

Engine Make / Model	Engine Type	Engine HP	Transmission Make / Model	Type	Speeds	Suspension Type
				<input type="checkbox"/> Manual <input type="checkbox"/> Automatic		<input type="checkbox"/> Air Ride <input type="checkbox"/> Spring

Tires

Front Tire Tread Remaining	# of Tires
<input type="checkbox"/> New <input type="checkbox"/> 90% <input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> 10%	
Rear Tire Tread Remaining	# of Tires
<input type="checkbox"/> New <input type="checkbox"/> 90% <input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> 10%	

Jacks/Leveling Systems

<input type="checkbox"/> Hydraulic Leveling Jacks <input type="checkbox"/> Electric Auto Leveling System <input type="checkbox"/> Scissor Stabilizer Jacks <input type="checkbox"/> Crank Down Stabilizer Jacks

Branded Title

<input type="checkbox"/> Salvage Title <input type="checkbox"/> Rebuilt Title

Service Requested

<input type="checkbox"/> Total Loss Valuation (ACV) <input type="checkbox"/> Taxes & Fees Calculation for TL <input type="checkbox"/> Diminished Value* <input type="checkbox"/> Right of Appraisal <input type="checkbox"/> Guaranteed Salvage Solution <input type="checkbox"/> Collision Estimate / Inspection <input type="checkbox"/> Desk Review <input type="checkbox"/> Underwriting Valuation

* Salvage Bids and Diminished Value requests require photos and estimate.

Type of Vehicle

<input type="checkbox"/> Tour Bus <input type="checkbox"/> Bus-School, Shuttle <input type="checkbox"/> Motorhome <input type="checkbox"/> Toterhome

Comments/Additional Info:

Please include date & cost on upgrades /add-ons.

Pictures Receipts* from owner
*Please do not include maintenance receipts.

Exterior Features

Slide-Outs / Slide-Out Awnings Slide-Out Awning? <input type="checkbox"/> Slide #1 (Length ____) <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Slide #2 (Length ____) <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Slide #3 (Length ____) <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Slide #4 (Length ____) <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Slide #5 (Length ____) <input type="radio"/> Yes <input type="radio"/> No	Equipment <table border="0"> <tr> <td><input type="checkbox"/> Diamond Plate Shield</td> <td>OEM <input type="radio"/> A/M <input type="radio"/></td> <td><input type="checkbox"/> Propane Tanks</td> <td>OEM <input type="radio"/> A/M <input type="radio"/></td> </tr> <tr> <td><input type="checkbox"/> Spare Tire & Carrier</td> <td><input type="radio"/></td> <td><input type="checkbox"/> ____ Gal.</td> <td><input type="radio"/></td> </tr> <tr> <td><input type="checkbox"/> Outside Shower</td> <td><input type="radio"/></td> <td><input type="checkbox"/> ____ Gal.</td> <td><input type="radio"/></td> </tr> <tr> <td><input type="checkbox"/> Solar Panels (Qty ____)</td> <td><input type="radio"/></td> <td><input type="checkbox"/> ____ Gal.</td> <td><input type="radio"/></td> </tr> <tr> <td><input type="checkbox"/> Skylights (Qty ____)</td> <td><input type="radio"/></td> <td><input type="checkbox"/> Batteries (Qty ____)</td> <td><input type="radio"/></td> </tr> <tr> <td><input type="checkbox"/> Storage Slide Out Trays (Qty ____)</td> <td><input type="radio"/></td> <td><input type="checkbox"/> Wheel Chair Lift</td> <td><input type="radio"/></td> </tr> <tr> <td><input type="checkbox"/> Luggage Rack and Ladder</td> <td><input type="radio"/></td> <td><input type="checkbox"/> Full Body Paint</td> <td><input type="radio"/></td> </tr> <tr> <td><input type="checkbox"/> Fuel Station</td> <td><input type="radio"/></td> <td><input type="checkbox"/> 3M Film</td> <td><input type="radio"/></td> </tr> <tr> <td><input type="checkbox"/> Electric Step (Single)</td> <td><input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Electric Step (Double)</td> <td><input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Outside Gas Grill</td> <td><input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Outside Kitchen</td> <td><input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Screen Room (Size ____)</td> <td><input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Rear Screen</td> <td><input type="radio"/></td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Diamond Plate Shield	OEM <input type="radio"/> A/M <input type="radio"/>	<input type="checkbox"/> Propane Tanks	OEM <input type="radio"/> A/M <input type="radio"/>	<input type="checkbox"/> Spare Tire & Carrier	<input type="radio"/>	<input type="checkbox"/> ____ Gal.	<input type="radio"/>	<input type="checkbox"/> Outside Shower	<input type="radio"/>	<input type="checkbox"/> ____ Gal.	<input type="radio"/>	<input type="checkbox"/> Solar Panels (Qty ____)	<input type="radio"/>	<input type="checkbox"/> ____ Gal.	<input type="radio"/>	<input type="checkbox"/> Skylights (Qty ____)	<input type="radio"/>	<input type="checkbox"/> Batteries (Qty ____)	<input type="radio"/>	<input type="checkbox"/> Storage Slide Out Trays (Qty ____)	<input type="radio"/>	<input type="checkbox"/> Wheel Chair Lift	<input type="radio"/>	<input type="checkbox"/> Luggage Rack and Ladder	<input type="radio"/>	<input type="checkbox"/> Full Body Paint	<input type="radio"/>	<input type="checkbox"/> Fuel Station	<input type="radio"/>	<input type="checkbox"/> 3M Film	<input type="radio"/>	<input type="checkbox"/> Electric Step (Single)	<input type="radio"/>			<input type="checkbox"/> Electric Step (Double)	<input type="radio"/>			<input type="checkbox"/> Outside Gas Grill	<input type="radio"/>			<input type="checkbox"/> Outside Kitchen	<input type="radio"/>			<input type="checkbox"/> Screen Room (Size ____)	<input type="radio"/>			<input type="checkbox"/> Rear Screen	<input type="radio"/>		
<input type="checkbox"/> Diamond Plate Shield	OEM <input type="radio"/> A/M <input type="radio"/>	<input type="checkbox"/> Propane Tanks	OEM <input type="radio"/> A/M <input type="radio"/>																																																						
<input type="checkbox"/> Spare Tire & Carrier	<input type="radio"/>	<input type="checkbox"/> ____ Gal.	<input type="radio"/>																																																						
<input type="checkbox"/> Outside Shower	<input type="radio"/>	<input type="checkbox"/> ____ Gal.	<input type="radio"/>																																																						
<input type="checkbox"/> Solar Panels (Qty ____)	<input type="radio"/>	<input type="checkbox"/> ____ Gal.	<input type="radio"/>																																																						
<input type="checkbox"/> Skylights (Qty ____)	<input type="radio"/>	<input type="checkbox"/> Batteries (Qty ____)	<input type="radio"/>																																																						
<input type="checkbox"/> Storage Slide Out Trays (Qty ____)	<input type="radio"/>	<input type="checkbox"/> Wheel Chair Lift	<input type="radio"/>																																																						
<input type="checkbox"/> Luggage Rack and Ladder	<input type="radio"/>	<input type="checkbox"/> Full Body Paint	<input type="radio"/>																																																						
<input type="checkbox"/> Fuel Station	<input type="radio"/>	<input type="checkbox"/> 3M Film	<input type="radio"/>																																																						
<input type="checkbox"/> Electric Step (Single)	<input type="radio"/>																																																								
<input type="checkbox"/> Electric Step (Double)	<input type="radio"/>																																																								
<input type="checkbox"/> Outside Gas Grill	<input type="radio"/>																																																								
<input type="checkbox"/> Outside Kitchen	<input type="radio"/>																																																								
<input type="checkbox"/> Screen Room (Size ____)	<input type="radio"/>																																																								
<input type="checkbox"/> Rear Screen	<input type="radio"/>																																																								
Main Awning <input type="checkbox"/> Awning #1 (Length ____) <input type="checkbox"/> Manual <input type="checkbox"/> Electric <input type="checkbox"/> Awning #2 (Length ____) <input type="checkbox"/> Manual <input type="checkbox"/> Electric <input type="checkbox"/> Weatherguard <input type="checkbox"/> Wind Sensor	Window Awnings <input type="checkbox"/> ____ Length <input type="checkbox"/> ____ Length <input type="checkbox"/> ____ Length <input type="checkbox"/> ____ Length <input type="checkbox"/> ____ Length																																																								

Condition Rating

Overall Condition <input type="checkbox"/> Excellent <input type="checkbox"/> Above Avg <input type="checkbox"/> Average <input type="checkbox"/> Below Avg <input type="checkbox"/> Poor
Interior Condition <input type="checkbox"/> Excellent <input type="checkbox"/> Above Avg <input type="checkbox"/> Average <input type="checkbox"/> Below Avg <input type="checkbox"/> Poor
Engine Condition <input type="checkbox"/> Excellent <input type="checkbox"/> Above Avg <input type="checkbox"/> Average <input type="checkbox"/> Below Avg <input type="checkbox"/> Poor
Transmission Condition <input type="checkbox"/> Excellent <input type="checkbox"/> Above Avg <input type="checkbox"/> Average <input type="checkbox"/> Below Avg <input type="checkbox"/> Poor

Interior Features

Kitchen <input type="checkbox"/> Full <input type="checkbox"/> Partial	Refrigerator <input type="checkbox"/> Standard <input type="checkbox"/> Side by Side Upgrade <input type="checkbox"/> 4 Door Luxury <input type="checkbox"/> 2.5 - 4.0 cu. ft. <input type="checkbox"/> 5.0 - 7.0 cu. ft. <input type="checkbox"/> 8.0 - 10.0 cu. ft. <input type="checkbox"/> 2 Way <input type="checkbox"/> 3 Way	Appliances <input type="checkbox"/> Microwave <input type="checkbox"/> Microwave/Convection <input type="checkbox"/> Dishwasher <input type="checkbox"/> Washer/Dryer <input type="checkbox"/> Water Heater (____ Gal) <input type="checkbox"/> w/DSI <input type="checkbox"/> Central Vacuum <input type="checkbox"/> Fireplace	A/C <input type="checkbox"/> 1 <input type="checkbox"/> ____ BTU <input type="checkbox"/> 2 <input type="checkbox"/> ____ BTU <input type="checkbox"/> 3 <input type="checkbox"/> ____ BTU <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Central/Ducted	Generator <input type="checkbox"/> ____ KW <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Propane Inverter <input type="checkbox"/> ____ Watts	Furnace <input type="checkbox"/> Standard <input type="checkbox"/> 10,000-12,000 BTU <input type="checkbox"/> 13,000-19,000 BTU <input type="checkbox"/> 20,000-29,000 BTU <input type="checkbox"/> 30,000 BTU and higher <input type="checkbox"/> Heat Pump	Equipment <input type="checkbox"/> Power Roof Vents (Qty ____) <input type="checkbox"/> Power Bunk System (Buses Only) <input type="checkbox"/> # of Passengers ____ <input type="checkbox"/> Seat Belts <input type="checkbox"/> # of Bunks
-------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Electronics/Power Accessories

Entertainment <input type="checkbox"/> TV (Size ____ ") <input type="radio"/> LCD <input type="radio"/> Flatscreen <input type="checkbox"/> VCR <input type="checkbox"/> TV (Size ____ ") <input type="radio"/> LCD <input type="radio"/> Flatscreen <input type="checkbox"/> DVD <input type="checkbox"/> TV (Size ____ ") <input type="radio"/> LCD <input type="radio"/> Flatscreen <input type="checkbox"/> Blue Ray <input type="checkbox"/> TV (Size ____ ") <input type="radio"/> LCD <input type="radio"/> Flatscreen <input type="checkbox"/> Outside Entertainment <input type="checkbox"/> Satellite <input type="radio"/> Manual Point <input type="radio"/> Auto Seek <input type="radio"/> In Motion <input type="checkbox"/> # of TVs ____ (Buses Only)	Sound System/Communications <input type="checkbox"/> Standard Audio System <input type="checkbox"/> Premium Audio System <input type="checkbox"/> Surround Sound <input type="checkbox"/> 12V USB Charging Station	Power Accessories <input type="checkbox"/> Power Locks <input type="checkbox"/> Power Seat (Driver) <input type="checkbox"/> Power Windows <input type="checkbox"/> Power Seat (Driver/Pass) <input type="checkbox"/> Power Mirrors <input type="checkbox"/> Air Bags <input type="checkbox"/> Power Steering <input type="checkbox"/> Keyless Entry System <input type="checkbox"/> Power Brakes <input type="checkbox"/> OEM Navigation <input type="checkbox"/> Cruise Control	Backup Camera System <input type="checkbox"/> Low End (under \$500) <input type="checkbox"/> Average (\$500-\$750) <input type="checkbox"/> High End (over \$750) Side Cameras <input type="radio"/> Yes <input type="radio"/> No
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------