

Trailer Identification & Equipment Report

Adjuster _____ Our Loss Number: _____

Vehicle Owner _____ Address _____ Phone _____

City _____ State _____ Zip Code _____ Policy No. _____

Location of Inspection _____ Date Received _____ Date Appraised _____

1. Unit Identification	Year	Make	Model	Serial No.	Unit No.	License No.	State												
2. General	Date Mfg.	Length/Ft.	Width/Ft.	Height/Ft.	Capacity														
3. Model	<input type="checkbox"/> Reefer	<input type="checkbox"/> Box	<input type="checkbox"/> Grain	<input type="checkbox"/> Container	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Tiltbed													
	<input type="checkbox"/> Dry Van	<input type="checkbox"/> Furniture	<input type="checkbox"/> Hopper	<input type="checkbox"/> Stakebody	<input type="checkbox"/> Lowboy	<input type="checkbox"/> Gooseneck													
	<input type="checkbox"/> Dump-End	<input type="checkbox"/> Single Hoist	<input type="checkbox"/> Transfer Dump		<input type="checkbox"/> Converter Dollies														
	<input type="checkbox"/> Dump-Bottom	<input type="checkbox"/> Double Hoist	<input type="checkbox"/> Frameless		<input type="checkbox"/> Hydraulic Lift Neck														
	<input type="checkbox"/> Tanker-Fuel	No. of Compartments _____		<input type="checkbox"/> Single Bulkhead	<input type="checkbox"/> Top Load														
	<input type="checkbox"/> Tank-Other	Describe: _____		<input type="checkbox"/> Double Bulkhead	<input type="checkbox"/> Bottom Load														
4. Construction	Frame	<input type="checkbox"/> Center Rails	<input type="checkbox"/> In Body	<input type="checkbox"/> Aluminum															
		<input type="checkbox"/> Side Rails	<input type="checkbox"/> Steel	<input type="checkbox"/> Stainless															
	Body	<input type="checkbox"/> Stainless	<input type="checkbox"/> Steel	<input type="checkbox"/> Exterior Post															
		<input type="checkbox"/> Aluminum	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Painted															
	Doors	<input type="checkbox"/> Rear Rollup	<input type="checkbox"/> Curbside	<input type="checkbox"/> Double															
		<input type="checkbox"/> Rear Hinged	<input type="checkbox"/> Road Side	<input type="checkbox"/> Single															
Interior	<input type="checkbox"/> Plywood	<input type="checkbox"/> Steel	<input type="checkbox"/> Fixed																
	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Rub Rails	<input type="checkbox"/> Other																
Floor	<input type="checkbox"/> Aluminum Rib	<input type="checkbox"/> Deck Plate	<input type="checkbox"/> Air Channel																
	<input type="checkbox"/> Stainless	<input type="checkbox"/> Wood	<input type="checkbox"/> Heated																
Type Insulation	<input type="checkbox"/> Foam in place				Sides _____ Thickness _____														
	<input type="checkbox"/> Insulation				Roof _____ Floor _____														
5. Reefer	Make	Model	Serial	Hours	Oil Level														
6. Tanker Equipment	<input type="checkbox"/> Aux. Pump Size _____	<input type="checkbox"/> High Level Shut Off Type _____	<input type="checkbox"/> Pressurized Vessel	<input type="checkbox"/> Meter Capacity _____															
	Make _____ Model _____	<input type="checkbox"/> Vapor Recovery System	<input type="checkbox"/> Venting System	Make _____ Model _____															
	Visual Insp. Date _____	Hose Reels # Size _____	<input type="checkbox"/> Rear Pump or Clutch Control																
	Pressure Test Date _____	Side Cabinets # Size _____	<input type="checkbox"/> Rear Throttle Control																
7. Suspension	<input type="checkbox"/> Single Axle	<input type="checkbox"/> Fixed	<input type="checkbox"/> Wide Spread	<input type="checkbox"/> Spring	<input type="checkbox"/> Airbag	<input type="checkbox"/> Other _____													
	<input type="checkbox"/> Tandem	<input type="checkbox"/> Sliding	Spread Dist. _____	<input type="checkbox"/> Walking Beam	<input type="checkbox"/> Air Leaf _____														
8. Aux. Axles	No. of Axles _____	<input type="checkbox"/> Stationary	<input type="checkbox"/> Air Lift	<input type="checkbox"/> Spring Lift	<input type="checkbox"/> Steerable														
9. Wheels	<input type="checkbox"/> Disc	<input type="checkbox"/> Spoke	<input type="checkbox"/> Steel	<input type="checkbox"/> Alum.	<input type="checkbox"/> Painted	<input type="checkbox"/> Polished	<input type="checkbox"/> Chrome												
10. Tires	Tire	Make & Size	/32	Highway	Traction	Recap	Bias	Radial	Damaged	Tire	Make & Size	/32	Highway	Traction	Recap	Bias	Radial	Damaged	
	LRFO									RRFO									
	LRFI									RRFI									
	LRRO									RRRO									
	LRRI									RRRI									
11. Extra Equipment	<input type="checkbox"/> Landing Gear	<input type="checkbox"/> Fenders	<input type="checkbox"/> Front	<input type="checkbox"/> Alum	<input type="checkbox"/> Scuff plate		<input type="checkbox"/> Alum.												
	Style _____	<input type="checkbox"/> Rear	<input type="checkbox"/> Steel	<input type="checkbox"/> Steel		<input type="checkbox"/> Fiberglass													
	<input type="checkbox"/> Bulkhead	<input type="checkbox"/> Steel	<input type="checkbox"/> Meatrails	<input type="checkbox"/> Cargo Control	<input type="checkbox"/> Fixed Binders		<input type="checkbox"/> Other _____												
	<input type="checkbox"/> Sidekit	<input type="checkbox"/> Alum	<input type="checkbox"/> Blower	<input type="checkbox"/> TARPS	<input type="checkbox"/> Liftgate														
Comments & Additional Equipment																			

Appraiser _____

