



SALVAGE FORM

INSURANCE COMPANY <hr/> CLAIM NUMBER <hr/> ADJUSTERS NAME <hr/> ADDRESS <hr/> PHONE <hr/> FAX <hr/> DATE OF LOSS DATE OF ASSIGNMENT <hr/> TYPE OF LOSS	INSURED NAME <hr/> ADDRESS <hr/> CITY ST ZIP <hr/> PHONE <hr/> ADDRESS OF EVIDENCE <hr/> CITY ST ZIP <hr/> CONTACT <hr/> PHONE <hr/> PHONE
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ITEMS TO BE RECOVERED	RCV	Sale \$	Pay \$	Date Sold
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

COMMENTS

PICKUP CONFIRMATION <input checked="" type="checkbox"/> <hr/> INSURED SIGNATURE <hr/> DATE OF RECOVERY <hr/> <input checked="" type="checkbox"/> <hr/> CARRIERS SIGNATURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 15%; text-align: center;">BY</td> <td style="width: 55%; text-align: center;">DATE</td> </tr> <tr> <td style="text-align: center;">ENTERED</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">FAXED</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">SCHED P/U</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">SOLD</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">PAID</td> <td></td> <td></td> </tr> </table>		BY	DATE	ENTERED			FAXED			SCHED P/U			SOLD			PAID		
	BY	DATE																	
ENTERED																			
FAXED																			
SCHED P/U																			
SOLD																			
PAID																			