

AUTHORIZATION AND DIRECTION TO PAY – NEW YORK ONLY (You have the right to select any repair facility to repair your vehicle)

have received a copy of the initial and final automated repair estimate. authorize State Farm® to pay	
authorize(d) to estimate and repair my vehicle, unless it is an economic (Repairer)	
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certify that repairs have been completed as indicated on the final automated repair estimate.	
certify that repairs have been completed as indicated on the final automated repair estimate.	
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lepairer's Signature Date	

Form must be retained in repairer's records for at least 6 months, or longer if required by state law.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

State Farm's Insurance policies, applications, and required notices are written in English. With the exception of any applicable policy language, this document has been translated into another language for the convenience of our customers. In the event of any difference in interpretation, the English language version will control.

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