



FARMERS

Claim Number _____

**SECTION 2610 OF THE INSURANCE LAW
DISCLOSURE STATEMENT**

Section 26 10 of the New York State Insurance Law provides that the insurance carrier shall not require that repairs be made in a particular place or by a particular concern.

The law further provides that the Insurance Company shall not recommend or suggest repairs be made in a particular place or shop or by a particular concern, unless expressly requested by you.

I acknowledge receipt of a copy of this notice.

Print Name

Signature Insured/Vehicle Owner

Date

I have read the above notice and understand the Insurance Company cannot require or recommend that repairs be made in a particular place or by a particular person unless I expressly request such a recommendation. I hereby, of my own volition, request that the Insurance Company or its representative recommend a repair shop.

Print Name

Signature Insured/Vehicle Owner

Date



FARMERS

Date _____ Claim #: _____

Customer Name: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____

Year _____ Make _____ Model _____

Vin Number _____

Authorization to Pay Shop

I, _____, acknowledge receipt of an estimate of damage for the above mentioned vehicle and authorize payment on my claim number as listed above to: (*See below)

Original Estimate Amt.: \$ _____

Less Deductible (+Depreciaton or Betterment if applicable) \$ _____

Net Amount To Shop: \$ _____

Authorization Owner's Signature

Date

Supplemental Authorization to Pay Shop and Acknowledgement of Satisfaction

I, _____, acknowledge receipt of a final invoice for repair of damages on the above mentioned vehicle. I further acknowledge that I am completely satisfied with the Workmanship of all repairs completed on my vehicle and I authorize any supplemental payment of y claim number as listed above to: (*See Below)

Final Invoice Amt: \$ _____

Less Original Estimate Amt.: \$ _____

Less Deductible (+Depreciaton or Betterment if applicable) \$ _____

Supplemental Amount To Shop: \$ _____

***Shop Name: Dependable Auto Body**
Address: 110 Rector Street, SI NY 10310

Authorization Owner's Signature

Date