

**Consumer's Authorization to Select Repairer**

\_\_\_\_\_ (Date)

\_\_\_\_\_ Insurance Co.  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, State, Zip

This notice is given to \_\_\_\_\_ Insurance Company [hereafter, "Insurer"] to resolve the disputed amount of my repair costs to my vehicle, a \_\_\_\_\_ (year), \_\_\_\_\_ (make), \_\_\_\_\_ (model), with a vehicle identification number of \_\_\_\_\_. It is my legal right to choose the facility I feel is competent and qualified to restore function and appearance of my vehicle. I further understand that this process may not completely restore my vehicle's pre-accident value even after repairs have been completed to the best of human ability. I also understand the insurer's legal right to a cost effective repair.

I choose \_\_\_\_\_ [hereafter, "My Shop"] to be my repair facility and to act as an advisor on the cost, quality, and extent of repairs. However, Insurer has indicated it has a problem with the shop I chose. To cooperate fully and ensure a swift resolution to this matter, I authorize Insurer to remove my vehicle from My Shop and take it to the repair facility of its choice under the following conditions:

- A) The Insurer agrees that \_\_\_\_\_ [Insurer's preferred shop, hereafter "Your Shop] will not be paid one dime more than the "agreed price" of \$ \_\_\_\_\_ which Insurer's estimate says is adequate. If Insurer is willing to pay more money than the "agreed price" to repair my vehicle at your shop, I prefer that you allow my shop to perform repairs on my vehicle. Since you specifically stated that you would not pay My Shop any additional amounts for repair, I won't authorize additional payment beyond this agreed price to Your Shop, on my behalf, for the repair of my automobile. When repair is complete, I will require copies of all estimates, supplements, and checks paid for the repair of my vehicle, and a copy of the final bill, invoices, and all warranties.
- B) That Insurer will be responsible for *all* aspects of the repair process including, but not limited to, quality of repairs, extent of repairs, and any flaws or defects, including remaining evidence of damage. This obligation will also include any loss in retail value attributed to the damaged areas and the repair process. You will also be held responsible for any repair fraud conducted by Your Shop.
- C) Insurer agrees that if the repairs undertaken by Your Shop are flawed and defective or if there is any remaining evidence of the repair, then My Shop will conduct *all* re-repairs required to return my vehicle as nearly as possible to it's pre-loss condition. These re-repairs will be conducted at My Shop's posted "re-repair labor rate" without further delay or negotiation.
- D) Insurer will be responsible for any loss in market value sustained by my vehicle in relation to this incident, and these repairs.

If my vehicle is removed from My Shop, it will be understood by *all* parties, that these terms have been accepted. Please feel free to remove the vehicle and make repairs immediately, so as to mitigate any additional expenses to any party. You may also choose, at this point, to pay My Shop for the amount of repairs it has determined are required. I give full authorization to make any additional payments to My Shop as may be needed to repair my vehicle. Please respond to this notice in writing only, so that I may document your position.

\_\_\_\_\_ Vehicle Owner

\_\_\_\_\_ Date

\_\_\_\_\_ Notary Public