

DISCLOSURE FORM
“USE OF AFTERMARKET REPLACEMENT PARTS”

The **Imitation replacement parts**, often referred as *Aftermarket Parts*, *Quality Replacement Parts*, and *Like, Kind and Quality Parts*, which are listed below have been specified by your insurer to be used in the repair of your collision damaged vehicle. Michigan requires that shops disclose to our customers the use of aftermarket, non-original equipment manufacturer’s crash parts whenever they have been specified for use.

Please be aware of the following:

- ◆ The aftermarket parts listed below that have been specified for replacement on your collision damaged vehicle are generally **not recommended or warranted** by the manufacturer of your vehicle. Therefore, the use of these parts **may void your factory warranty** for each of these parts and any adjoining or associated part or system whose failure is caused by an imitation replacement part.
- ◆ Use of such parts **may alter or adversely affect the performance of your vehicle’s safety systems**, including, but not limited to, the deployment of air bags.
- ◆ We cannot assure you that these parts have been tested for compliance with Federal safety and crash worthiness standards.
- ◆ We cannot further assure you that these imitation replacement parts will be at least equal in **“Like, kind and quality”** to the original part in terms of fit, quality, and performance, which includes, but is not limited to, corrosion protection.

IMITATION PARTS DESCRIPTION & MANUFACTURER { } Check if estimate attached.

Because this repair facility does NOT recommend the use of the above listed imitation parts for repairs, it is hereby understood and agreed that this repair facility will not assume any responsibility and/or liability for the use of these parts. It is further agreed that the customer will hold this repair facility harmless against any and all claims related to the repair of this vehicle, and will defend and indemnify the facility in actions arising out of the repair of said vehicle, including the cost of reasonable attorney fee’s.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

Customer Name: _____ Customer Signature _____ Date _____

Insurance Company _____ Claim # _____ or _____

Agent _____ Phone# _____ Fax# _____

Adjuster _____ Phone# _____ Fax# _____

Imitation Parts Supplier _____ Phone# _____