



Insured \_\_\_\_\_

Claim Number \_\_\_\_\_

### AUTHORIZATION TO REPAIR (To Be Signed Prior to Beginning Services/Repairs)

TO: State Farm General Insurance Company

I have agreed to use the State Farm Premier Service® Program. I understand the use of this program is voluntary and I have been offered the opportunity to choose any independent contractor and/or independent service provider(s) participating in the Premier Service Program. I also understand they are independent contractors and/or independent service providers hired by me and not by the State Farm Insurance Companies®. I understand State Farm® is not exercising its option under the insurance contract to repair or replace any part of the property damaged.

Instead, I have selected and authorize: \_\_\_\_\_ to perform repairs as indicated on their estimate due to a loss on \_\_\_\_\_, \_\_\_\_\_. I understand my deductible is payable to the authorized independent contractor and/or independent service provider(s).

I agree to pay my independent contractor and/or independent service provider(s) for any repairs, or additional improvements made at my direction, that are not covered under my policy.

**For your protection California Law requires the following to appear on this form:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (Date) (Year) (Insured Signature)

<u>To be completed by the contractor</u>	
Repair Start Date: ____ / ____ / ____	Time: _____ : ____ am pm
Estimated Completion Date: ____ / ____ / ____	