



AUTO HOME LIFE

Repair Assistance Program

DIRECTION TO PAY

Date: _____ Claim Number: _____

Customer Name: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____

Final Estimate Amt.: \$ _____

Deductible: (if applicable) \$ _____

Net Amount To Shop: \$ _____

Year	Make	Model	Vin Number
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YOU HAVE THE RIGHT TO CHOOSE THE LICENSED REPAIR SHOP WHERE THE DAMAGE TO YOUR MOTOR VEHICLE WILL BE REPAIRED.

I, _____, am completely satisfied with the Workmanship of all repairs
(Print the Authorized Owners Name)
and authorizes payment on my claim as listed above to:

Shop Name	Shop Address
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Authorized Owners Signature:	Date:
Witness Signature	Print Name

Amica Mutual Insurance Company and Repair Assistance Program authorized repair facility guarantees the workmanship of the repairs for as long as you own the vehicle. If for any reason, you are not fully satisfied with the workmanship of the authorized repairs and we determine that the repairs did not meet the I-CAR standards, we will assure the repairs are properly corrected. Simply contact the Amica Mutual Insurance Company claim office nearest you to report the problem.

This guarantee is exclusive of any wear, tear, deterioration, or mechanical breakdown. The guarantee extends only to repairs authorized by Amica Mutual Insurance Company and does not cover prior repairs or subsequent unrelated damage. This guarantee is not transferable.

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