

# Authorization to Repair



(To Be Signed Prior to Beginning Services/Repairs)

Insured. \_\_\_\_\_ Claim Number \_\_\_\_\_

TO: State Farm Fire and Casualty Company

I have agreed to use the **CeilingPro** 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 providers) participating in the State Farm 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 paying for the repairs to the property damage covered under my policy, subject to the deductible and the policy's terms and conditions, and that State Farm is not exercising its option under the insurance contract to repair or replace any part of the property damaged.

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 tried authorized independent contractor and/or independent service providers).

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.

(Date) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Insured Signature) \_\_\_\_\_

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### *To Be Completed By The Contractor*

Repair Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Time: \_\_\_\_\_ AM \_\_\_\_\_ PM

Estimated Completion Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_