

Assignment of Insurance Proceeds

I, _____ **owner name** _____, am the owner of the _____ **year/make/model** _____
_____ with vehicle identification number _____ **vin** _____
(the "Vehicle") insured by _____ **insurance company** _____ ("Insurer") under
Policy Number _____ **policy number** _____ (the "Policy").

I hereby authorize any and all insurance payments for repairs of my Vehicle under Claim
Number _____ **claim number** _____ (the "Claim") to be made to [**YOUR SHOP NAME
HERE**] ("Repair Shop"). I authorize Repair Shop to accept on my behalf and endorse any and
all checks, drafts or bills of exchange for deposit as credit on my account for repair of my
Vehicle.

I hereby assign all claims and causes of action for repair of my Vehicle that I may have against
Insurer under the Policy and/or the Claim. I agree to cooperate with Repair Shop in any action
or other effort it makes to collect from Insurer.

I acknowledge that I am responsible for any deductible, adjustment for depreciation or other
adjustments under the Policy. I agree to pay such deductible or adjustments.

I acknowledge and agree that if Insurer fails to pay for repairs to my Vehicle, I will be liable for
the full cost of repairs to my Vehicle. I further acknowledge and agree that if the Policy
prohibits this assignment of proceeds to Repair Shop, I will be responsible for payment of the
full cost for the repair of my Vehicle.

I acknowledge that the total amount due for repairs of my Vehicle must be paid to Repair Shop
before the Vehicle will be released by Repair Shop.

Signature: _____

Printed Name: _____

Date: _____

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