

**CITIZENS/HANOVER INSURANCE COMPANIES
EXPRESS CLAIMS
AUTHORIZATION FOR PAYMENT**

Directions:

- 1) This form should be signed by the vehicle owner(s) and a witness **after the repairs have been completed.**
- 2) A copy of this thoroughly completed form should be provided to the vehicle owner(s).
- 3) Total cost of repairs must match the amount submitted electronically through Autoverse or Pathways.

Underwriting Company Name from Appraisal Assignment _____
(Required for Payment)

CLAIM#: _____ POLICY#: _____

Vehicle Owner's Name: _____ Insured's Name: _____

This is to certify that the damages estimated or appraised have been repaired to my satisfaction and the Citizens/Hanover Insurance Company is hereby authorized to issue payment only in the name of:

Ultra Shine Collision	203946944	62 Lacombe St	Marlborough	MA	01752
Name of Repair Shop	*TAX ID*	Street Address	City	State	Zip
_____	_____	_____	_____	_____	_____
508-485-1777		508-485-1888			
Repair Shop Phone Number		Repair Shop Fax Number			

for the repairs to my vehicle in the net amount shown below. I understand that I am responsible for any applicable deductible, adjustment for depreciation and/or betterment amount shown below. **I have received a copy of the appraisal of damages and the final bill.**

Vehicle Owner's Signature: _____ Date: _____

Witness' Signature: _____ Date: _____

Repair Facility: I certify the vehicle repairs and final invoice reflects compliance with the Express Claims program guidelines.

Repair Facility Signature: _____ Date: _____

Total Amount for the cost of repairs: \$ _____

a) Insured is responsible for their collision or comprehensive deductible in the amount of: \$ _____

b) Vehicle owner is responsible for depreciation or betterment adjustment in the amount of: \$ _____

c) Total amount (from a & b) payable by the vehicle owner to the Express Claim Shop: \$ _____

Net amount due above named Express Claim Shop from Citizens/Hanover Insurance Companies: \$ _____

To Receive Payment:

This form must be thoroughly completed and emailed to ECSHOP@hanover.com or faxed to 888-766-1814 or 888-766-1813 within 48 hours of completion of repairs. If the Tax ID number is not provided, payment will be issued one party to the insured.
Please send only one form per fax or email