

**Bob And Fred Bethpage Autobody**  
**309 Broadway**  
**Bethpage, NY 11714-3003**  
**516-822-5093 • 516-433-4585 • Fax 519-822-7108**  
**office@bobfredautobody.com**

## **DESIGNATED REPRESENTATIVE & AUTHORIZATION TO REPAIR**

**Authorization to represent an insured/claimant at the time of a collision loss  
and any additional supplements**

I, \_\_\_\_\_, owner of a \_\_\_\_\_ ,  
(year, make, model)

\_\_\_\_\_, appoint \_\_\_\_\_ of Bob & Fred Bethpage Auto Body  
(plate #)

of Bethpage, New York Registration # 7051995 as my designated representative, as provided for  
in Regulation 64 of the New York State Insurance law, limited only to the damage sustained to  
my automobile.

\_\_\_\_\_  
(Authorizing customer signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(Phone number)