

DESIGNATED REPRESENTATIVE

AUTHORIZATION To Represent an Insured / Claimant at the time of a collision loss and any additional supplements

I, _____,

owner of a _____, with license plate _____
(year, make, model) Plate #, State

appoint _____, of Bob and Fred Collision, Inc., of Bethpage, New York (registration # 7051995) as my designated representative, as provided for in Regulation 64 of New York State Insurance law, limited only to the damage sustained to my automobile.

Authorizing customer signature

Date

Customer's phone number (cell, work, home)