



SELECTIVE
Insurance

Certificate of Satisfaction (COS) Form

Customer Name: _____ **Claim #:** _____

Vehicle: _____ **VIN #:** _____

Repair Facility: Robbie's Collision Specialists **Fed Tax ID #:** 222485086

AUTHORIZATION TO REPAIR

I am the owner of this vehicle and hereby authorize the Repair Facility named above to make the necessary repairs in accordance with the written appraisal provided or subsequently authorized by a member company of Selective Insurance.

Vehicle Owner: _____ **Date:** _____

AUTO REPAIR GUARANTEE

Selective and the professional Repair Facility Listed above guarantee that the workmanship of the repairs listed on the estimate prepared by this Repair Facility or subsequently authorized by Selective and pertaining to the claim and vehicle listed above will be of the quality generally accepted in the auto repair industry for this vehicle. The limit of Selective's obligation under this guarantee will be to remedy any departures from such standard. This guarantee will be in effect for as long as you own the vehicle identified above and in the appraisal pertaining to this claim.

AUTHORIZATION FOR PAYMENT

To be signed only after repairs are completed.

I certify that I am the owner of the vehicle identified above and that I have inspected the repairs made to my vehicle by the above listed Repair Facility. I certify that the damages as listed on the appraisal written by this Repair Facility have been repaired to my satisfaction. As a result, I hereby authorize and request that Selective issue to the Repair Facility listed above any monies due me for the repair of my vehicle less any applicable deductible and/or betterment.

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, subjects such person to criminal and civil penalties."

Vehicle Owner: _____ **Date:** _____