

# **REQUEST FOR CONFIRMATION OF COVERAGE GARAGEKEEPERS/LIABILITY POLICY**

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Collision Repair Facility

Garage Insurance Policy #

State License #

Address

City

State

Zip Code

Phone Number

Fax Number

Repair Facility Contact

email

As part of our ongoing business practices, we request a written confirmation of coverage for certain activities, contracts, and/or arrangements:

## **PARTS**

We are sometimes asked to utilize a variety of different parts in the repair of vehicles. These parts may include OEM, non-OEM (aftermarket/imitation crash), salvage, rebuilt, and reconditioned parts.

a. Please identify the types of parts which may be utilized in a repair that **ARE** covered under the policy (select all that apply):

New OEM parts

Salvage airbags

Certified aftermarket parts

Rebuilt OEM parts

Non-certified aftermarket parts

Reconditioned OEM parts

Salvage OEM parts

Reconditioned aluminum wheels

b. If you identified that repairs using certified aftermarket parts are covered under the policy, please identify the certifying entity(ies) from which parts meet your coverage requirements:

c. Please acknowledge your understanding that using any part other than a new OEM part in the repair may prevent the vehicle from being considered to have been repaired according to the manufacturer's specifications or standards.

Yes, I acknowledge this fact.

d. In your coverage considerations, please identify the person/entity entitled to override the repair professional's decision as to the appropriate types of parts to be used for the repair for each category below which will be covered under this policy select all that apply:

	Owner/lessee	Secured party	Liability insurer
Non-certified aftermarket parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified aftermarket parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salvage OEM parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salvage airbags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rebuilt OEM parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reconditioned OEM parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reconditioned aluminum wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## DIRECT REPAIR PROGRAMS

Our shop is considering joining or has joined one (or more) insurer direct repair programs. (A copy or copies of those program terms is/are attached.) Please confirm in writing that:

- a. I am entitled to enter into an arrangement that requires me to accept all liability associated with the activities involving the claim for repair and grants indemnification to the insurer paying for the repair.  Yes  
 No
- b. I am entitled to enter into an arrangement that limits any liability and recovery against the insurer paying for the repair.  Yes  
 No
- c. Engaging in the activities of collecting an insured's deductible or determining and collecting money from the customer due to "betterment" are covered activities under the terms of my policy.  Yes  
 No
- d. My policy provides the coverage limits required.  Yes  
 No
- e. Complying with the terms of the direct repair program(s) will not cause me to be in breach of my contract of insurance with your company.  Yes  
 No
- f. Joining one or more of the direct repair programs identified above will have no impact on my premiums.  Yes  
 No

If my premiums will not be affected, please confirm that my premium will remain the same at:

\$

If my premiums will be affected, please identify the anticipated change in premiums:

\$

If any of the terms in the DRP document(s) are unacceptable or conflict with coverage, please specifically identify the DRP document, the auto insurer's network, and the objectional sections or provisions:

## PROFESSIONAL JUDGMENT

Will repairing a vehicle in a manner contrary to my professional judgment but per the dictates of an insurer's estimate/supplement affect my coverage with your company?

- Yes  
 No

Will failing to include necessary operations, parts, or activities in the repair of a vehicle because the insurer will not pay for parts, supplies, or labor necessary to return the vehicle to its pre-loss appearance, performance and/or functionality affect my coverage with your company?

- Yes  
 No

If either or both of these questions were answered affirmatively, please explain exactly how my coverage will be affected and note the specific provisions in my policy that are affected:

Auto liability insurers often demand that I/we "negotiate" a consumer/customer's claim. Please confirm whether I/we have coverage for any claims of the unauthorized practice of law ("UPL") and/or claims for violation of a state law requiring licensure as a public adjuster ("PA") for claim negotiation.

- UPL  Yes  
 No
- PA  Yes  
 No

## ACKNOWLEDGEMENT

On behalf of the insurer named below, I acknowledge that this Request for Confirmation of Coverage by the insured submitting the request has been completed and signed by me and that I have the authority to act on behalf of the insurer named below.

Signature: \_\_\_\_\_

Date:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Insurer: \_\_\_\_\_