



FARMERS®

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January 31, 2013

RE: Insured:
Policy No:
D/L:
Claim No:

Dear _____ :

In accordance with Indiana Code 27-4-1, 5-1, et seq., you are entitled to approve the type of body parts to be used in the repair of the motor vehicle covered under the referenced policy. This letter constitutes written notice that you may select from the following types of body parts. Please indicate your selection below:

I hereby select and approve the following type of auto parts to be used in repair of the motor vehicle covered under the referenced policy:

- New body parts manufactured by or for the manufacturer of the motor vehicle.
- New body parts that were not manufactured by or for the manufacturer of the motor vehicle.
- Used body parts.

As an insured under the above policy number, I have received notice from a representative of a member company of Farmers Insurance Group of my right to approve from the above list, the type of body parts to be used in the repair of the motor vehicle covered under the referenced policy.

This selection and approval applies only to coverage under the referenced policy.

Date

Insured's Signature

This notice must be received by our office within 20 days of the date of this letter. If we do not receive your selection in writing on or before the above date, we may select the type of body parts to be used in repair of your vehicle. In addition of returning this form, you may also contact the representative listed below to make or confirm your selection. In any event, in order for your approval to be effective, your selection must be made and received within 20 days of the date of this letter.

If you have any questions or if I can be of any assistance, please feel free to call me at the above number. If I am not available, please leave me a voice mail. Thank you for your cooperation.

Very truly yours,

A handwritten signature in black ink, appearing to read "Jason Nicholson", with a long horizontal flourish extending to the right.

Jason Nicholson
Special Claims Representative

The Indiana Insurance Code requires the following statement:

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information, commits a felony.