

# MAPFRE Insurance CAREZ® Program



Claim #: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

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

## Release Authorization and Shop Repair Authorization

I hereby agree to utilize the MAPFRE Insurance CAREZ® Program for the repair of my

\_\_\_\_\_ at \_\_\_\_\_  
[Vehicle Information] [Shop Name]

I further agree to allow the CAREZ® Shop and MAPFRE Insurance to electronically expedite the repair process of my vehicle.  
(MA – in accordance with Massachusetts Regulation 212 CMR.)

I hereby authorize \_\_\_\_\_ to repair the above mentioned vehicle. I agree that I  
[Shop Name]  
will be responsible to pay the above shop my deductible and any betterment assessed to me for the repair of my vehicle.

## Direction To Pay

I hereby assign my policy benefits for collision/comprehensive repairs and authorize MAPFRE Insurance to pay

\_\_\_\_\_ directly for the damages in the amount of \$ \_\_\_\_\_  
[Shop Name]  
arising out of the accident on \_\_\_\_\_ .  
[Date]

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Massachusetts CAREZ® Shops

Shop Reg #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

MD002(06/17)