

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)