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Nationwide Insurance  
Allied Insurance  
Nationwide Agribusiness  
Titan Insurance  
Victoria Insurance

**To: All Allied/Nationwide Blue Ribbon/Premier Repair Facilities**

**From: Allied/Nationwide Blue Ribbon Management**

**Re: Repair Authorization and Direction to Pay Form**

**\*\*\*THIS IS THE ONLY DOCUMENT APPROVED FOR THIS PURPOSE\*\*\***

**\*\*\*THIS DOCUMENT SUPERSEDES ANY OTHER DOCUMENTATION\*\*\***

This note is to remind you of the proper procedures for uploading the final Direction to Pay form in our current “One Time Final” workflow.

The “Repair Authorization and Direction to Pay” form attached now allows you to obtain a verbal authorization of repairs from the customer when the customer is not able to be present to sign.

**The form has four sections:**

- Section 1 – is for the customer’s name, vehicle information, claim number and Blue Ribbon/Premier shop name.
- Section 2 – is the authorization of repairs.
- Section 3 – is to be filled out by the customer **AFTER** repairs are complete.
- Section 4 – is for the Blue Ribbon/Premier shop to certify that repairs have been completed as indicated on the final automated repair estimate.

It is mandatory to image a copy of this form on your final supplement.

- Please continue to add the verbiage “FINAL UPLOAD DTP SECURED” to the first line of the final supplement.

Following these procedures will enable us both to process our customer’s claims more efficiently and enhance the overall Blue Ribbon/Premier experience for everyone involved.

Please help us by reviewing these procedures with your entire staff. As always, thank you for your support.



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REPAIR AUTHORIZATION AND DIRECTION TO PAY

VEHICLE OWNER/LEASOR'S NAME: \_\_\_\_\_

VEHICLE DESCRIPTION: (YR/Make/Model) \_\_\_\_\_

VIN# \_\_\_\_\_

NATIONWIDE CLAIM NUMBER: \_\_\_\_\_ DATE OF LOSS: \_\_\_\_\_

Blue Ribbon/Premier Repair Facility: \_\_\_\_\_

I authorize the above captioned Blue Ribbon/Premier Repair Facility to estimate and repair my vehicle, unless it is deemed to be a total loss. I also understand that I will be responsible to pay my deductible of \$\_\_\_\_\_

(Vehicle Owner/Leasor's Signature) (Date)

I certify that this customer was not present upon the arrival of the vehicle and I have received verbal authorization to repair the vehicle. I have also explained the customers responsibility to pay their \$\_\_\_\_\_ deductible upon completion of the repairs. Permission to repair the vehicle was received by

\_\_\_\_\_ on (date) \_\_\_\_\_.

(Repairer's signature)

ATTENTION CUSTOMER: This section is to be completed only upon inspection of your completed repairs

I hereby certify that:

- I have received a copy of the initial and final automated repair estimate which has been explained to me by the repair facility.
I have received a copy of the Blue Ribbon/Premier Repair Guarantee.
I have inspected the vehicle and I am satisfied with the initial repair quality

I authorize Nationwide to pay the above captioned Blue Ribbon/Premier Repair Facility on my behalf.

Gross Estimate Amount \$\_\_\_\_\_

Customer Responsibility (Deductible, etc.) \$\_\_\_\_\_

Net Amount Due \$\_\_\_\_\_

(Vehicle Owner/Leasor's Signature) (Date)

I certify that repairs have been completed as indicated on the final automated repair estimate dated:\_\_\_\_\_

(Repairer's Signature) (Date)