

Direction to Pay / Guarantee

Enhanced Customer Repair Service Program



Date _____	Claim Number _____
Customer Name _____	Claim Handler _____
Address _____	
City:, State, Zip _____	
Home Phone _____	Final Estimate Amount \$ _____
Business Phone _____	Deductible (if applicable) \$ _____
	Net Amount To Shop \$ _____

Year	Make	Model	Vin Number
------	------	-------	------------

I, _____, am completely satisfied with the Workmanship of all
(Print the Authorized Owners Name)
 repairs, have received an itemized copy of the final repairs and authorize payment on my claim as listed
 above to:

Shop Name	Shop Address
-----------	--------------

Authorized Owners Signature	Date
-----------------------------	------

The Hartford guarantees the workmanship of the repairs for as long as you own the vehicle. If for any reason, you are not fully satisfied with the workmanship of the authorized repairs and we determine that the repairs did not meet the I-CAR standards, we will assure the repairs are properly corrected. Simply contact The Hartford claim office nearest you to report the problem. **NOTE: You may receive a survey regarding your repair experience. Please take time to complete the survey and help The Hartford continually refine its eCRSP program.**

This guarantee is exclusive of any wear, tear, deterioration, or mechanical breakdown. The guarantee extends only to repairs authorized by The Hartford and does not cover prior repairs or subsequent unrelated damage. This guarantee is not transferable.

Please fax this completed and signed form to **ClaimXchange** at: **1-860-723-8011**

If you have scan/e-mail capability, you can e-mail your DTP to this unit at the following address:
ClaimXchangeDTPs.claims@thehartford.com.