



STATEMENT / COMMITMENT TO REPAIR VEHICLE

Automobile Repair Facility:

(TID#) _____

License# _____

Lic. Expiration Date: _____

Vehicle description:

(Yr./Make/Model) _____

(VIN#) _____

The above referenced auto repair facility hereby acknowledges and agrees that it will properly complete the auto repairs specified in the CURE auto insurance appraisal for the listed vehicle to CURE’s satisfaction. The listed auto repair facility acknowledges and agrees that any payment for services is based upon the reasonable reliance that such repairs shall be performed in good faith.

If the above specified auto repair facility fails to properly complete the necessary repairs listed on the appraisal form to CURE’s satisfaction, the auto repair facility and its owner(s) personally agree(s) that it will be liable to reimburse CURE auto insurance any payment(s) received in reliance upon these repairs being performed, as well as any legal fees incurred by CURE auto insurance resulting from collection of this reimbursement.

Any controversy or claim arising out of or relating to this Agreement, or the breach thereof, shall be settled by binding arbitration in accordance with the Rules of the American Arbitration Association and judgment upon the award rendered by the Arbitrator(s) may be entered in any New Jersey Court having jurisdiction thereof.

Automobile repair facility agrees it will notify CURE immediately if it ceases to do business or becomes bankrupt or in the event it becomes aware of a pending bankruptcy or cessation of business is imminent. If listed auto repair facility files or becomes involuntarily bankrupt, the owner(s) of this facility agree to be held personally liable to any liabilities incurred by the auto repair facility.

(Print Name)

(Title)

(Signature)