

CUSTOMER CHECK IN SHEET

PLEASE TAKE EVERYTHING OF VALUE OUT OF YOUR VEHICLE AND THEN PLEASE INITIAL HERE _____ THANK YOU.

| |
|-----------------------|
| Name: _____ |
| Address: _____ |

| | |
|---------------------------------------|--|
| Home # | |
| Work# | |
| Cell# | Would you like text updates? Yes or No |
| E-Mail | |
| How did you hear about our facility ? | |

| |
|--|
| Method of Payment: Cash / Insurance |
| Ins. Company: _____ |
| Claim # |

| |
|---|
| Does your vehicle have remote start? <small>(Please choose from the choices below)</small> |
| <input type="radio"/> Yes: Factory |
| <input type="radio"/> Yes: Aftermarket |
| <p style="text-align: center;">Or</p> |
| <input type="radio"/> No |

Dear Valued Customer,

We ask that you make sure anything you think is of value is kindly removed out of the vehicle, that Bi-County Auto Body will be repairing. This includes: I-Pods, Cell Phone, Sun Glasses, GPS, Clothing, and Shoes, including anything that holds sentimental value. We run an operation where outside vendors do come in for our sublet repairs and we want to insure your valuables are not lost or misplaced. Please sign below stating you have read this and have removed all valuables from the vehicle.

**** Please take a moment to tell us what your main concerns are regarding the repairs to your vehicle so that we can better ensure your satisfaction and that you have read the above and agree by signing below .**

Customer Signature

Kemper

A UNITRIN BUSINESS

Direction to Pay

Vehicle Owner/Leasor's Name: _____

Vehicle Description: (Yr/Make/Model) _____

VIN # _____

Kemper Claim Number: _____ Date of Loss: _____

Kemper Authorized DRP
Shop/Facility: _____

I understand that the Kemper DRP Program is an optional damage appraisal service, and that I am not required or obligated to have my vehicle repaired at this shop or any other Kemper DRP shop.

I hereby authorize Kemper to release payment on my behalf directly to the above captioned DRP facility for authorized repairs to my vehicle on my behalf. I acknowledge that payment of any applicable deductible required is my responsibility and I will pay any such deductible directly to the above captioned DRP shop upon receipt of the repaired vehicle.

(Vehicle Owner/Leasor's Signature)

(Date)