Insured _____ Claim Number _____

Authorization To Pay

(To Be Signed Upon Completion of Services/Repairs)

TO: State Farm General Insurance Company

I understand this AUTHORIZATION TO PAY extends solely for the services or repair expenses covered by my State Farm General Insurance Company insurance policy as a result of the loss occurring on _____. I agree to pay my independent contractor and/or independent service provider(s) for any services or repairs or additional improvements made at my direction that are not covered under my policy. I have received a copy of my independent contractor/service provider(s) final estimate(s), and written workmanship labor warranty on the building or structural services/repairs. All of the building or structural services/repairs by this contractor/service provider have been completed to my satisfaction.

I authorize payment on my behalf in the above referenced claim to _____ for the amount shown on the final estimate(s) or the invoices sent to State Farm General Insurance Company from my independent contractor or independent service provider(s) and the material supplier(s). I understand that my property lender and/or its authorized representative, if there is a property lien, may perform its own inspection of my damaged property to verify that the building or structural services/repairs as disclosed on the final estimate(s) have been completed.

For your protection California Law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

_____, _____ _____

(Date) (Year) (Insured Signature)