



SELECT INSURANCE CO
 P.O. Box 645
 Brenham, TX 77834-0645
 (979) 836-5224 (800) 392-2202

88-88
 1113
 JPMorgan Chase Bank, N A
 Dallas, TX
 800-457-7191

CHECK NO.: 585639
DATE ISSUED: 10/31/2013

POLICY NUMBER
 4 304 003233043
CLAIM NUMBER
 2013052679
LOSS DATE
 10/15/2013
FULL COMPROMISE SETTLEMENT OF ALL PROPERTY DAMAGE CLAIMS FOR 2000 FORD F150

**ALL PAYEES MUST ENDORSE
 VOID AFTER 365 DAYS**

\$373.30

PAY: THREE HUNDRED SEVENTY THREE DOLLARS AND 30 CENTS

To The
 Order Of: **HILDAGO COUNTY**

[Handwritten Signature]
 Address Signature

⑈0000585639⑈ ⑆111300880⑆ ⑈6300004432⑈



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POLICY NUMBER	CLAIM NUMBER	LOSS DATE	PAYMENT
4 304 003233043	2013052679	10/15/2013	\$373.30

CAUSE/TYPE LOSS:PROPERTY DAMAGE

CLAIMANT: HILDAGO COUNTY
EXAMINER: MOLNAR, ELIZABETH
ADJUSTER: MOLNAR, ELIZABETH

INSURED: REYES, ADOLFO
AGENT: SAFEGUARD INSURANCE AGENCY
 78501-5536

HILDAGO COUNTY
PO BOX 1356
EDINBURG, TX 78540

SCA APPRAISAL COMPANY
NEW YORK SERVICE CENTER - 41 LUDLAM AVE, BAYVILLE, NY 11709
LOS ANGELES SERVICE CENTER - PO BOX 1455, BURBANK, CA 91507
REQUEST A SUPPLEMENT 24 HRS A DAY 7 DAYS A WEEK AT: WWW.SCA-APPRAISAL.COM
FOR ADDITIONAL ASSISTANCE CALL 800-572-8010

*** PRELIMINARY ESTIMATE ***

10/29/2013 02:18 PM

Owner

Owner: Hidalgo County
Contact: Hidalgo County
Address: Po Box 1356

City State Zip: EDINBERG, TX 78540

Work/Day: (956)533-0574
Work/Day: (956)533-0574
FAX:

Control Information

Claim # : 2013052679B
Loss Date/Time: 10/15/2013 07:00 AM
Deductible: Unknown
File # : 5065491

Insured Policy # :
Loss Type: Collision

Accounting # :

Ins. Company: Germania Insurance Co.
Company Contact: Germania Insurance Co.

Insured: Hidalgo County
Contact: Hidalgo County
Address: Po Box 1356

City State Zip: EDINBERG, TX 78540
Address: Po Box 1356

City State Zip: EDINBERG, TX 78540

Work/Day: (956)533-0574
Work/Day: (956)533-0574
FAX:

Work/Day: (956)533-0574

Inspection

Inspection Date: 10/29/2013 02:15 PM
Inspection Location: Hidalgo County
Address: Po Box 1356

City State Zip: EDINBERG, TX 78540
Primary Impact: Rear
Driveable: Yes

Assigned Date/Time:
First Contact Date/Time:

Appraiser Name: Fred Alvarez

Inspection Type: Field
Contact: Hidalgo County
Work/Day: (956)533-0574x
Work/Day: (956)533-0574x
FAX:

Secondary Impact:
Rental Assisted:

Received Date/Time: 10/29/2013 01:49 PM
Appointment Date/Time: 10/30/2013 07:00 AM

Appraiser License # :

Repairer

Target Complete Date/Time:

Days To Repair: 1

Remarks

No supplement w/o prior authorization.
 Estimate written by Fred Alvarez
 For supplements call 1-800-856-4353 parts, invoices and photos are required.
 Date recieved 10/28/2013/2013 Date Contacted 10/29/13 Date Inspected 10/29/13
 Lkq found called with Franks Auto Salvage Yard 956-831-2750. Spoke to Rafael.
 Agreed price w/ repair facility Yes/No No
 Emailed copy to customer and shop. yes
 Date completed 10/29/2013
 Production Date 05/00
 Seat Belts checked damage. no
 Estimate emailed to customer. no
 This estimate is for visable damage only. Authorization should be obtaine from
 the vehicle owner. A complete tear down is requiered prior to parts ordering
 And starting vehicle repairs.

Vehicle

2000 Ford F-150 Work 2 DR Standard Cab Long Bed
 6cyl Gasoline 4.2
 4 Speed Automatic

Lic.Plate: 786159	Lic State: TX
Lic Expire:	VIN: 1FTZF1722YKB30932
Prod Date: 05/2000	Mileage: 109,159
Veh Insp# :	Mileage Type: Actual
Condition: Good	Code: P8153D
Ext. Color: White	Int. Color:
Ext. Refinish: Two-Stage	Int. Refinish:

Options

AM/FM Stereo	Anti-Lock Rear Brakes	Dual Airbags
Intermittent Wipers	Power Brakes	Power Steering
Rear Step Bumper	Tinted Glass	Vinyl Seats

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ% B%	Hours	R
Rear Bumper									
1	EU	565		Bumper Assy,Rear Step	L.K.Q.	\$150.00	+25.00	0.4	SM
2	L	565	13	Bumper,Rear Step	Refinish			2.3	RF
					1.4 Surface				
					0.6 Two-stage setup				
					0.3 Two-stage				

Manual Entries

3	SB	M60		Hazardous Waste Removal	Sublet Repair	\$3.00*			SM
				3	Items				
			MC	Message					
			13	INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE					

Estimate Total & Entries

Other Parts	\$150.00
Paint Materials	\$59.80

Line Item Markup		\$37.50	
Parts & Material Total			\$247.30
Tax on Parts & Material	@ 8.250%		\$20.40

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs		
Sheet Metal (SM)	\$38.00	0.4		0.4	\$15.20	
Mech/Elec (ME)	\$65.00					
Frame (FR)	\$45.00					
Refinish (RF)	\$38.00	2.3		2.3	\$87.40	
Paint Materials	\$26.00					
Labor Total					2.7 Hours	\$102.60
Sublet Repairs						\$3.00
Gross Total						\$373.30
Less: Deductible						Unknown-
Net Total						\$373.30

Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 78573 Geo 78573
 Recycled Parts Y/1/1 Zip Code: 78596 INV DATE: 10/29/2013

Audatex Estimating 7.0.123 ES 10/29/2013 02:22 PM REL 7.0.123 DT 10/01/2013
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0.9 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

THIS ESTIMATE MAY HAVE BEEN PREPARED BASED ON THE USE OF AUTOMOBILE PARTS NOT MADE BY THE ORIGINAL MANUFACTURER. PARTS USED IN THE REPAIR OF YOUR VEHICLE BY OTHER THAN THE ORIGINAL MANUFACTURER ARE REQUIRED TO BE AT LEAST EQUAL IN LIKE KIND AND QUALITY IN TERMS OF FIT, QUALITY AND PERFORMANCE TO REPLACEMENT PARTS AVAILABLE FROM THE ORIGINAL MANUFACTURER.
 THIS ESTIMATE IS NOT AN AUTHORIZATION TO REPAIR OR A GUARANTEE OF PAYMENT.

THIS IS NOT AN AUTHORIZATION TO REPAIR. AUTHORIZATION TO REPAIR MUST COME FROM VEHICLE OWNER.

SUPPLEMENTS TO THIS ESTIMATE WILL NOT BE HONORED WITHOUT PRIOR APPROVAL FROM INSURANCE COMPANY. A REINSPECTION MAY BE NECESSARY FOR APPROVAL TO BE GRANTED. ADDITIONAL DAMAGES MY BE FOUND AFTER TEARDOWN. IF FURTHER DAMAGE IS LOCATED BY THE BODY SHOP, SUPPLEMENTAL REINSPECTION MAY BE REQUIRED PRIOR TO COMMITMENT OF PAYMENT.

BY LAW, YOU MUST KEEP CUSTOMER INFORMATION WE PROVIDE TO YOU CONFIDENTIAL. YOU MAY USE IT ONLY TO PERFORM INSURANCE-RELATED SERVICES/FUNCTIONS FOR US AND/OR OUR CUSTOMER(S). YOU MAY NOT USE, SHARE, SELL OF OTHERWISE DISCLOSE THIS INFORMATION FOR OTHER PURPOSES OR TO ANYONE ELSE WITHOUT PRIOR CONSENT. IF YOU DO NOT AGREE TO THESE TERMS, YOU MUST RETURN THIS INFORMATION TO US AT ONCE.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT INSURANCE CLAIM FOR THE PAYMENT OF A LOSS MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES