



Centralized Auto Service
 P.O. BOX 14264
 Lexington KY 40512-4264
 8772303084 x2303209

MB 01 002356 71954 B 8 D



HIDALGO COUNTY
 9805 N 10th St
 McAllen TX 78504-9529

Attention: This remittance incorporates 1 claim payments

Total Check Amount: \$914.76
 Check Number: 111559082 0

Special Handling ID: 99
 Payment 1 of 1

Explanation of Benefits

Page 1 of 2

Invoice Number	Claim Number/ Date of loss	Insured Name/ Claimant Name	Amount Paid
	Y83AP 13237 01/29/2016	LEONARDO & DIANA S CAMARILLO HIDALGO COUNTY	\$914.76
Nature of Payment: Coverage - Property Damage Liability Payment Reason - Damage (Auto) Additional Comments:			Service Dates
Paid on behalf of: Southern County Mutual Claim Handler: GEORGETTE SIMS 8772303084 x2303209 Claim Center: Centralized Auto Service P.O. BOX 14264 Lexington, KY 40512-4264 Please contact the claim handler listed above if you have any questions on this particular claim.			

Issue Date	02/06/2017	Check Number	111559082 0	Total Check Amount	\$914.76
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Please keep the above information for your records.

112921164

HAR-100-2

FOLD AT DOTTED LINE AND DETACH



SOUTHERN COUNTY MUTUAL INSURANCE COMPANY
 BY HARTFORD FIRE GENERAL AGENCY, INC.

56-1544
441

Check Number: 111559082 0

Issue Date: 02/06/2017

\$*****914.76

JPMorgan Chase Bank, N.A.
 Columbus, OH 43085

Pay
 NINE HUNDRED FOURTEEN DOLLARS AND 76/100

TO THE HIDALGO COUNTY
 ORDER 9805 N 10th St
 OF McAllen, TX 78504



Robert W. Parra
 Authorized Signature

⑈ 1115590820 ⑈ ⑆044115443⑆

649035458⑈

002356 1/1



112921164

Date: 2/3/2017 12:06 PM
 Estimate ID: PA0016648374-02
 Estimate Version: 0
 Committed
 Profile ID: PENNSYLVANIA

Southern County Mutual

P.O. Box 14264, Lexington, KY 40512
 (677) 230-3084 ext. 2303209
 Email: georgette.sims@thehartford.com

Damage Assessed By: Courtney Homan

Office: Georgette Sims
 (606) 230-7735

Classification: Non Drive-In

Supplements will require photos and invoices. For Supplemental approval please contact:

Name: Courtney Homan
 Phone: 860-509-9164
 Fax: 855-219-7081
 Email: courtney.homan@thehartford.com

Type of Loss: Other
 Date of Loss: 1/29/2016
 Deductible: UNKNOWN
 Policy No: 55DTX386682

Claim Number: PA0016648374-02

Insured: LEONARDO & DIANA S CAMARILLO
 Claimant: Hidalgo County
 Address: 9805 N 10th St, McAllen, TX 78504
 Telephone: Fax Phone: (956) 318-2658
 Owner: Hidalgo County
 Address: 9805 N 10th St, McAllen, TX 78504
 Telephone: Fax Phone: (956) 318-2658

Work Phone: (956) 292-7030

Work Phone: (956) 292-7030

Mitchell Service: 911055

Description: 2014 Ford Econoline E150
 Body Style: Van/Argo 138" WB
 VIN: 1FTNE1EW1EDA03824
 Mileage: 66,781
 OEM/ALT: A

Drive Train: 4.6L Inj 8 Cyl 2WD
 License: 1159796 TX

Search Code: EASTPA

Options: PASSENGER AIRBAG, POWER STEERING, AIR CONDITION, TILT STEERING COLUMN
 AM/FM STEREO, DRIVER AIRBAG, ANTI-LOCK BRAKE SYS., TRACTION CONTROL
 TIRE INFLATION/PRESSURE MONITOR, AUXILIARY INPUT, FIRST ROW BUCKET SEAT
 VINYL SEAT, ELECTRONIC STABILITY CONTROL

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	102021	BDY	REPAIR	R Van Side Panel	Existing		1.5*
2		REF	REFINISH/REPAIR	R Van Side Panel			C 2.0*
3				MODIFIED REFINISH WITH FULL CLEAR COAT			
4	102025	BDY	REPAIR	L Van Side Panel	Existing		2.5*
5		REF	REFINISH/REPAIR	L Van Side Panel			C 2.0*
6				MODIFIED REFINISH WITH FULL CLEAR COAT			
7	102818	BDY	REMOVE/INSTALL	R Rear Combination Lamp			0.3
8	102819	BDY	REMOVE/INSTALL	L Rear Combination Lamp			0.3
9	102881	BDY	REMOVE/REPLACE	Rear Bumper Face Bar	** QRP CAPA	176.00	0.7
10	AUTO	REF	ADD'L OPR	Clear Coat			2.5
11	AUTO		ADD'L COST	Paint/Materials		162.50 *	
12	AUTO		ADD'L COST	Hazardous Waste Disposal		3.25 *	

ESTIMATE RECALL NUMBER: 02/03/2017 12:06:00 PA0016648374-02

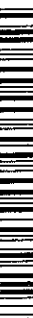
Mitchell Data Version: OEM: JAN_17_V0202
 MAPP: JAN_17_V

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Software Version: 7.1.213

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Date: 2/3/2017 12:06 PM
 Estimate ID: PA0016648374-02
 Estimate Version: 0
 Committed
 Profile ID: * PENNSYLVANIA

III. Additional Costs	Amount	IV. Adjustments	Amount
Taxable Costs	185.75	Customer Responsibility	0.00
Sales Tax @ 6.250%	10.36		
Total Additional Costs	176.11		

Paint Material Method: Rates
 Init Rate = 25.00 , Init Max Hours = 99.9, Addl Rate = 0.00

I.	Total Labor:	551.65
II.	Total Replacement Parts:	187.00
III.	Total Additional Costs:	176.11
	Gross Total:	914.76
IV.	Total Adjustments:	0.00
	Net Total:	914.76

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AFTERMARKET CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR VEHICLE. THE AFTERMARKET CRASH PARTS USED IN THE PREPARATION OF THIS ESTIMATE ARE WARRANTED BY THE MANUFACTURER OR DISTRIBUTOR OF SUCH PARTS, RATHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. DEFINITION: AFTERMARKET CRASH PART - A NONORIGINAL EQUIPMENT MANUFACTURER (NON-OEM) REPLACEMENT PART, EITHER NEW OR USED, FOR ANY OF THE NONMECHANICAL PARTS THAT GENERALLY CONSTITUTE THE EXTERIOR OF THE MOTOR VEHICLE, INCLUDING INNER AND OUTER PANELS.

Point(s) of Impact
 6 Rear Center (P)

Inspection Site: Mingo's
 Address: 510 North Closner
 Edinburg, TX 78541
 Inspection Date: 2/3/2017

Abbreviations: BDY = body BDS = body structure REF=refinsh GLS=glass
 FRM=frame MCH=mechanical ADD'L COST=additional cost ADD'L
 OPR=additional operation FRT=front RR=rear L=left R=right UPR=upper
 LWR=lower OTR=outer INR=inner ASSY=assembly SUSP=suspension
 EXT=extension BRK=bracket INST=instrument ATG=assembly time guide.

THIS ESTIMATE IS NOT AN AUTHORIZATION TO REPAIR. REPAIRS MUST BE AUTHORIZED BY THE VEHICLE OWNER. NO SUPPLEMENTS WILL BE HONORED WITHOUT REINSPECTION OR PRIOR APPROVAL BY THE HARTFORD INSURANCE GROUP.

THE REPAIR FACILITY MANAGER OR AUTHORIZED REPRESENTATIVE'S SIGNATURE BELOW INDICATES AN AGREEMENT ON THE COST OF REPAIRS, TOWING/STORAGE CHARGES, AND TO COMPLETE ALL LISTED REPAIRS: _____

AGREED UPON ESTIMATED REPAIR DAYS: _____

ESTIMATE RECALL NUMBER: 02/03/2017 12:08:00 PA0016648374-02

Mitchell Data Version: OEM: JAN_17_V0202

MAPP:JAN_17_V

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