

In accordance with the laws of the state of New York  
NYCARS Form # DR-01BSBP

**DESIGNATED REPRESENTATIVE FORM**

Tedesco Auto Body, INC.  
320 Main Street  
New Rochelle, NY 10801  
Office: (914) 636-3000  
Fax: (914) 636-3075  
Email: [service@tedescoautobody.com](mailto:service@tedescoautobody.com)

**Tax ID # 133831242**  
**Shop Registration # 7098507**

<b>Insurance Company:</b>
<b>Claim #</b>
<b>Customer Name:</b>
<b>Vin #</b>

I hereby appoint TEDESCO AUTO BODY, INC. as my Designated Representative as provided by Regulation 64 of the New York State Insurance Department to negotiate with the intent to settle this claim. This applies only to my motor vehicle damages.

Customer Print Name:
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Customer Sign Name:
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