Date: 1/30/2017 11:14 AM Estimate ID: 17-3504685-01

Estimate Version: Committed

Profile ID: AVL ALL PART TYPES

WE shall not recommend the use of a particular motor vehicle repairservice without clearly informing the claimant that:

- (i) the claimant is under no obligation to use the recommended repair service;
- (ii) the claimant may use the repair service of the claimant's choice; and
- (iii) the amount determined by us to be payable under the policy will be paid

regardless of whether or not the claimant uses the recommended repair service.

Progressive Premier Ins Co of IL

Damage Assessed By: ANGELO NUNEZ Claim Rep: ANGELO NUNEZ

Classification:

* Product Type
* Date of Loss:
 * Deductible:
 Days to Repair:

Auto
1/26/2017
500.00

* Claim Number: 17-3504685-01

Insured: MATHEW MILLER
Owner: CONNIE PARK

Address: 1528 STABLEVIEW DR, GASTONIA, NC 28056

Telephone: Home Phone: (980) 422-1703 Contact Phone: (980) 422-1703

Mitchell Service: 911251

Description: 2015 Toyota 4Runner SR5

 Body Style:
 4D Ut 110" WB
 Drive Train:
 4.0L Inj 6 Cyl 2WD

 VIN:
 JTEZU5JR0F5089792
 License:
 BKK3961 NC

 Mileage:
 31,385

 OEM/ALT:
 A
 Search Code:
 ASHEVILLE1

Color: GRAY

Software Version:

7.1.212

Options: PASSENGER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW, POWER STEERING

REAR WINDOW DEFOGGER, AIR CONDITION, REAR WINDOW WIPER, CRUISE CONTROL TILT STEERING COLUMN, AM/FM STEREO, DRIVER AIRBAG, HEATED EXTERIOR MIRROR FRONT SIDE AIRBAG, WITH HEAD PROTECTION LUCGAGE BACK, SKID BLATES

FRONT SIDE AIRBAG WITH HEAD PROTECTION, LUGGAGE RACK, SKID PLATES
ANTI-LOCK BRAKE SYS., TRACTION CONTROL, RUNNING BOARDS, FOG LIGHTS
ALUM/ALLOY WHEELS, REARVIEW CAMERA, TIRE INFLATION/PRESSURE MONITOR
AUXILIARY INPUT, BLUETOOTH WIRELESS CONNECTIVITY, LEATHER STEERING WHEEL
CD PLAYER, TOW HITCH RECEIVER, POWER ADJUSTABLE EXTERIOR MIRROR, PRIVACY GLASS
TRIP COMPUTER, FIRST ROW BUCKET SEAT, UNIVERSAL GARAGE DOOR OPENER, CLOTH SEAT
SIDE AIRBAGS, AUTOMATIC HEADLIGHTS, SECOND ROW SIDE AIRBAG WITH HEAD PROTECTION
MP3 PLAYER, DAYTIME RUNNING LIGHTS, DRIVER SEAT WITH POWER LUMBAR SUPPORT
ELECTRONIC STABILITY CONTROL, KEYLESS ENTRY SYSTEM, LIMITED SLIP DIFFERENTIAL

REAR BENCH SEAT, REAR SPOILER, STEERING WHEEL AUDIO CONTROLS

Line	Entry	Labor		Line Item Part Type/	Dollar		Labo	r
Item	Number	Type	Operation	Description Part Number	Amount		Units	
				Quarter Panel				
1	102971	BDY	REMOVE/INSTALL	R Quarter Mudguard			0.2	
2	102972	BDY	REMOVE/INSTALL	L Quarter Mudguard			0.2	
				Rear Lamps				
3	104258	BDY	REMOVE/INSTALL	R Rear Combination Lamp			0.3	
4	104259	BDY	REMOVE/INSTALL	L Rear Combination Lamp			0.3	
				Rear Bumper				
5		BDY	OVERHAUL	Rear Bumper Cover Assy			1.9	
ES.	TIMATE RI	ECALL NI	JMBER: 01/30/2017 11:14	:10 17-3504685-01				
	chell Data \		OEM: DEC 16 V0127	.10 17 0004000 01				
			MAPP:DEC_16_V0127	Copyright (C) 1994 - 2016 Mitchell International	Page	1	of	4
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1/30/2017 11:14 AM Date: 17-3504685-01 Estimate ID:

1.0

Estimate Version: 0

Committed

Profile ID: **AVL ALL PART TYPES** ** A/M Certified 285.00 INC

Rear Bumper Cover C 2.6 Rear Bumper Cover Additional Operations

Additional Costs & Materials

ADD'L COST Paint/Materials 108.00 *

Clear Coat

REMOVE/REPLACE

REFINISH

ADD'L OPR

KEYSTONE-INS QUALITY PRT 1136 WHITE HORSE RD. **GREENVILLE** SC 29605 (800) 275-1816 (336) 370-1691

** TO1100312C

6

7

8

9

102908 BDY

REF

REF

285.00

All manufacturers requirements regarding seat belt and supplemental restraint system replacement must be adhered to. If additional parts or operations are necessary to properly accomplish this, please contact the estimating claims rep.

Estimate Totals

l.	Labor Subtotals Body Refinish	Units 2.9 3.6 Taxable La	Rate 44.00 44.00	Add'l Labor Amount 0.00 0.00	Sublet Amount 0.00 0.00	Totals 127.60 T 158.40 T 286.00	II.	Part Replacement Summary Taxable Parts Sales Tax @	6.750%	Amount 285.00 19.24 304.24
	Labor Summary	Labor 6.5		@ 6.75	50 %	19.31 305.31		Total Replacement Parts Amount		304.24
III.	Additional Costs Taxable Costs	Sales Tax		@ 6.	750%	Amount 108.00 7.29	IV.	Adjustments Insurance Deductible Customer Responsibility		Amount 500.00-
	Total Additional Costs Paint Material Method: Rates Init Rate = 30.00					115.29		·		
							I. II. III.	Total Labor: Total Replacement Parts: Total Additional Costs: Gross Total:		305.31 304.24 115.29 724.84
							IV.	Total Adjustments: Net Total:		500.00- 224.84

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^{* -} Judgment Item

^{**} A/M Certified - Non-Original Equipment Manufacturer Replacement Part, Certified

C - Included in Clear Coat Calc

Date: 1/30/2017 11:14 AM Estimate ID: 17-3504685-01

Estimate Version: 0 Committed

Profile ID: AVL ALL PART TYPES

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AUTOMOBILE PARTS NOT MADE BY THE ORIGINAL MANUFACTURER. PARTS USED IN THE REPAIR OF YOUR VEHICLE MADE BY OTHER THAN THE ORIGINAL MANUFACTURER ARE REQUIRED TO BE AT LEAST EQUIVALENT IN TERMS OF FIT, QUALITY, PERFORMANCE AND WARRANTY TO THE ORIGINAL MANUFACTURER PARTS THEY ARE REPLACING.

Point(s) of Impact

5 Right Rear Corner (P)

Alt. Location: PROGRESSIVE

Inspection Site: Gerber Collision (Gastonia)- NETWORK DRIVE IN

Address: 1978 South New Hope Road

Gastonia, NC 28054 (704) 864-2502

Inspection Date: 1/30/2017

THIS IS A DAMAGE ASSESSMENT ONLY - NOT AN AUTHORIZATION TO REPAIR - BASED ON DAMAGE VISIBLE OR CERTAIN AT THE TIME IT WAS WRITTEN.

IF FRAME OR UNIBODY REPAIR IS INCLUDED ON THIS ESTIMATE, THE AMOUNT SHOWN INCLUDES TIME OR ALLOWANCE FOR MEASURING BEFORE, DURING AND AFTER THOSE REPAIRS.

THE OWNER OF THE VEHICLE MAY SELECT THE REPAIR FACILITY OF HIS/HER CHOICE.

TO ENSURE PROPER AND PROMPT PAYMENT FOR ADDITIONAL DAMAGE DISCOVERED DURING THE COURSE OF REPAIRS, CONTACT PROGRESSIVE FOR SUPPLEMENT HANDLING PROCEDURES.

PROGRESSIVE HONORS THE PREVAILING LABOR MARKET RATE IN YOUR AREA FOR YOUR PROPERTY. IF YOU CHOOSE A SHOP THAT CHARGES IN EXCESS OF PREVAILING LABOR MARKET RATES, YOU WILL BE RESPONSIBLE FOR THE DIFFERENCE.

LIFETIME GUARANTEE FOR SHEET METAL AND PLASTIC BODY PARTS

The replacement parts written on the estimate are intended to return your vehicle to its pre-loss condition with proper installation. After repair, if any sheet metal or plastic body part included in the estimate fails to return your vehicle to its pre-loss condition (assuming proper installation), in terms of form, fit, finish, durability or functionality, Progressive will arrange and pay for the replacement of the part, to the extent not covered by a manufacturer's or other warranty. This service will be performed at no cost to you (including associated repair and rental car costs). To obtain service under this Guarantee, call Progressive at 1-800-274-4641. This Guarantee applies as long as you own or lease the vehicle. This Guarantee is not transferable and terminates if you sell or otherwise transfer your vehicle.

THIS GUARANTEE DOES NOT COVER NORMAL WEAR AND TEAR OR DAMAGE CAUSED BY IMPROPER MAINTENANCE, NEGLECT, ABUSE OR SUBSEQUENT ACCIDENT. THIS GUARANTEE IS LIMITED TO ARRANGING FOR THE SELECTION OF REPAIR PARTS THAT WILL RETURN YOUR VEHICLE TO ITS PRE-LOSS CONDITION. ACCORDINGLY, PROGRESSIVE WILL NOT BE LIABLE FOR ANY INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES THAT RESULT FROM THE INSTALLATION OR USE OF

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THESE PARTS.

Part Type Terms and Abbreviations NEW and OEM or part number displayed - These refer to a new, original equipment manufacturer part.

A/M Certified: This refers to a new, certified non-original equipment manufacturer replacement part.

A/M: This refers to a new, non-original equipment manufacturer replacement part.

Recycled: This refers to a used OEM part.

Remanufactured and Recond. and Recore: These refer to recycled OEM parts that have been rebuilt or refurbished.

OEM Surplus Part: This refers to new OEM parts, that are excess inventory from the Original Equipment Manufacturer.

Recovered OE - This refers to parts removed from a new vehicle for various reasons.

REPAIR SHOP'S AUTHORIZED REPRESENTATIVE'S SIGNATURE INDICATING AGREEMENT ON COST TO RETURN THE VEHICLE TO PRE-LOSS CONDITION INCLUDING TOW/STORAGE CHARGES:

SHOP	SIGNATURE:		EST.	COMPLETION	DATE:
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ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

Event Log

 File Created:
 01/30/2017 07:19:35 AM

 Estimate Started:
 01/30/2017 11:04:51 AM

 Estimate Printed:
 01/30/2017 11:10:26 AM

 Estimate Committed:
 01/30/2017 11:14:10 AM

 Estimate Uploaded:
 01/30/2017 11:14:15 AM

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