

HORACE MANN INSURANCE
DIRECTION OF PAYMENT

Claim # _____

Insured Name: _____

Claimant Name: _____

I authorize Horace Mann Insurance Company to make payment, on my behalf, directly to

Repairer Name ____CAR Collision Center____

Repairer Address ____7399-B Ward Park Lane____

City, State, Zip ____Springfield, VA 22153____

Tax ID Number ____412235434____

For and authorized repairs, and for which I am entitled to be compensated, resulting from the above captioned claim.

Printed Name _____

Signature _____

Date _____