



Thank you for your interest in the Westfield Insurance Preferred Provider Auto Program. To be considered for our program, please submit the following information about your repair facility:

- Facility name
- Corporate name and/or DBA
- Complete physical address
- Shop owner/manager name
- Phone number
- Fax number
- Federal tax ID
- State license/registration number(s)
- Email address
- Type of frame repair equipment
- Paint mixing system
- Type of paint booth
- Shop square footage
- Number of office staff
- Number of repair techs
- Number of refinishing techs
- Recent shop photo
- Shop promotional materials
- ICAR/ASE certification(s)
- Liability insurance declarations page

NOTE: Submissions with Incomplete information will not be considered.

Upon receipt of your completed information, a Westfield Insurance staff supervisor assigned to your area will contact you.

Mail the requested information to:

Westfield Insurance  
PPA Potential Shop Candidate  
P.O. Box 5001  
Westfield Center, OH 44251

Thank you.