

**State Farm® Select Service® Agreement Addendum -  
Schedule of Provider Locations**

This Addendum to the State Farm Select Service Agreement between State Farm Mutual Automobile Insurance Company and its subsidiaries and affiliated companies (hereinafter "State Farm"), and \_\_\_\_\_ (hereinafter "Provider") is incorporated into and a part of the State Farm Select Service Agreement.

**Section 1. General**

**a. Multiple Locations.** In order to implement this Agreement, and for other business reasons, State Farm defines specific geographic areas as a "market area" for collision repair. State Farm may change the geographic territory that constitutes a market area at any time. Provider acknowledges that it owns or controls more than one location that provides collision repair services in a market area. This Addendum lists those locations that State Farm and Provider agree, subject to **Section 5. Effective Date and Termination** of this Addendum are either participating, or non-participating, locations in the State Farm Select Service program in the market area where the facilities listed in this Addendum are located. Only those locations listed below in **Section 3. Participating Provider Locations** of this Addendum are participants in this Agreement, even if Provider owns or controls other locations in the same market area, provided however, Provider acknowledges and agrees that the prices offered by Provider at all facilities it owns or controls in this market area apply when determining application of the pricing provisions set forth in **Section 4. Competitive Price**, including those facilities not otherwise participating in this Agreement. A list of locations owned or controlled by Provider in this market area that are non-participating locations (except as to **Section 4. Competitive Price**, of the Agreement) is set forth in **Section 4. Non-Participating Provider Locations** of this Addendum.

**Section 2. Modification of Participating Locations**

**a. Changes to Schedule.** State Farm and Provider agree that any location may be removed from this list by either party at any time, with the removal to take effect immediately upon written notice from one party to the other. The parties agree to execute a new Addendum **Schedule of Provider Locations**, listing those facilities still participating in this Agreement, as soon as reasonably possible thereafter. If Provider buys or obtains control of additional facilities, Provider agrees to notify State Farm. Only State Farm may add a location to this list, and then only upon the execution by both parties of a replacement to this Addendum. Only one Addendum is in effect of this Agreement at any time. In the event more than one Addendum has been executed by the parties, only the one with the most recent date shall be effective.

**Section 3. Participating Provider Locations**

Location/facility name: \_\_\_\_\_  
Location street address: \_\_\_\_\_  
Location city, state and zip code \_\_\_\_\_  
Location phone number: \_\_\_\_\_

Location/facility name: \_\_\_\_\_  
Location street address: \_\_\_\_\_  
Location city, state and zip code \_\_\_\_\_  
Location phone number: \_\_\_\_\_

(repeat as necessary until all participating locations have been listed)

**Section 4. Non-Participating Provider Locations**

Location/facility name: \_\_\_\_\_  
Location street address: \_\_\_\_\_  
Location city, state and zip code \_\_\_\_\_  
Location phone number: \_\_\_\_\_

Location/facility name: \_\_\_\_\_  
Location street address: \_\_\_\_\_  
Location city, state and zip code \_\_\_\_\_  
Location phone number: \_\_\_\_\_

(repeat as necessary until all non-participating locations have been listed)

**Section 5. Effective Date and Termination**

**a. Effective Date and Termination.** This Addendum is effective upon, and subject to the acceptance of Provider as a participant in the State Farm Select Service program as evidenced by Provider having signed, and State Farm having accepted, the State Farm Select Service Agreement. In the event of a termination of that Agreement by either party, this Addendum shall also terminate at the same time.

Accepted and Agreed by:

_____	<b>State Farm Mutual Automobile Insurance Co.</b>
Name of Provider	for itself and its subsidiary and affiliated companies
_____	_____
Street Address	Street Address
_____	_____
City, State/Province, Zip Code/Postal Code	City, State/Province, Zip Code/Postal Code
_____	_____
Phone # _____ Fax # _____	Phone # _____ Fax # _____
_____	_____
Signature of Authorized Repair Service Provider Representative	Signature of Authorized State Farm Representative
_____	_____
Date	Date