

State Farm® Request Supplement

Non-Registered Shops

Welcome to the new and improved Request Supplement!

Our goal is to collect key additional details during this process which could speed up the handling of your request and prevent additional follow up.

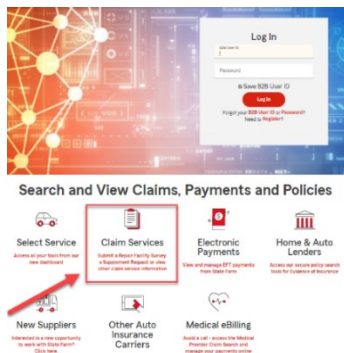
Request Supplement Access - Registered Shops

Access State Farm B2B web page (b2b.statefarm.com) and login with your B2B ID and password. If you forgot your B2B ID or password, use the corresponding Forgot your B2B ID or Password links within the B2B Login section. After logging in, select continue to the steps below.

Request Supplement Access - Non-Registered Shops

You can access the Request Supplement Tool without logging in by following these steps from the B2B web page (b2b.statefarm.com):

1. **Claim Services icon** located on the home page

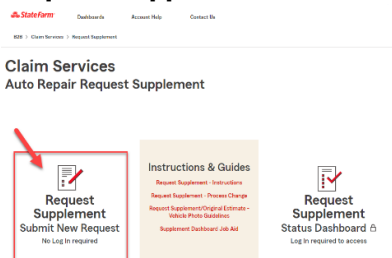


2. **Auto Repair Request Supplement icon** located on the claim Services page



Auto Repair Request Supplement

3. **Request Supplement icon** on the Auto Repair Supplement page



Request Supplement – Validate Shop

- A. Registered shops** –Shop address information will prepopulate. You will be asked to provide a contact name and email but will not need to follow the additional shop validation steps below, including address standardization steps.

A State Farm® appraiser will contact you if anything additional is needed. All fields below are required.

Shop Contact Mike Smith	Shop Email MikeSmith@SmithAutoBody.com
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Repair facility address on the B2B profile

3 State Farm Plz K4
Bloomington, IL 601344334

 If this is not the address where the vehicle is being repaired, enter that address in the Comments field on the last screen.

Back

Validate

- B. Non-Registered shops** - Enter your shop contact information to match the supplement request to your shop. Shop Information includes Shop Name, Phone Number, Street Address, Contact and Email.

Request Supplement - Validate Shop

A State Farm® appraiser will contact you if anything additional is needed. All fields below are required.

Shop Name Bob's Auto Body	Shop Phone Number 309-555-1234		
Shop Street Address 111 Main st	Shop City bloomington	Shop State Illinois	Shop ZIP Code 61704
Shop Contact Bob	Shop Email Bobauto@yahoo.com		

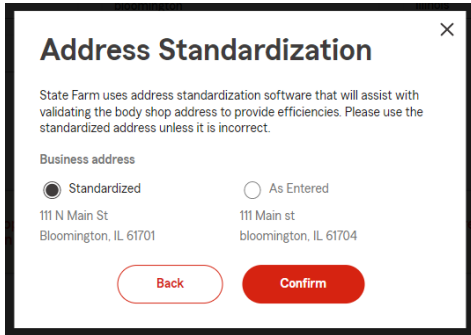
Validate

- Click **Validate**
- If the claim information you input does not match what State Farm® has on file, you will receive error messages informing you of the error and to locate the information on the State Farm® estimate and re-enter.
- If you receive any of these errors, please follow the directions provided within the error you receive.

- City does not exist. Verify city is correct.
- Unable to assign last 4-digits of the 9-digit ZIP code. Correct zip code.
- Entered street name was not found. Verify street name spelled correctly.
- Entered business street number not correct. Verify business street number is correct.
- Directional and/or suffix incorrect within the street address line. Correct directional and/or suffix. (for example: North, South, Place)

Address Standardization

1. When the shop address matches what State Farm has on file, an Address Standardization screen will appear asking you to select “Standardized” or “As Entered” address. Please leave the default “Standardized” option if it is accurate.
2. Click **Confirm**



The image shows a dialog box titled "Address Standardization" with a close button (X) in the top right corner. The text inside reads: "State Farm uses address standardization software that will assist with validating the body shop address to provide efficiencies. Please use the standardized address unless it is incorrect." Below this, it says "Business address" and presents two radio button options: "Standardized" (which is selected) and "As Entered". Under "Standardized", the address is "111 N Main St, Bloomington, IL 61701". Under "As Entered", the address is "111 Main st, bloomington, IL 61704". At the bottom, there are two buttons: "Back" and "Confirm".

Request Supplement – Validate Claim

1. The Request Supplement Tool will launch and requires information from you to validate this information in our Claim System. Refer to the information on the initial State Farm® estimate or any updated information that the customer has provided.

We will ask for a minimal amount of required information to validate the claim file:

- Claim Number
- Vehicle Year
- Vehicle Make

2. Click **Validate Claim**


Request Supplement - Validate Claim

If a supplement is required on a vehicle make not listed, such as a trailer, commercial truck, travel trailer, recreational vehicle (RV), all-terrain vehicle (ATV), motorcycle, stake bed, or box bed type truck, please contact the claim handler displayed on the State Farm estimate to discuss next steps.

Verify our mutual customer's claim with State Farm. All fields below are required.

Claim Number 13-2125-2G8	Vehicle Year 2006	Vehicle Make Toyota	Validate Claim
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3. Once the claim information you provided has been validated the **Current Estimate Amount** and **Potential New Estimate Amount** will auto populate.

Claim Number 13-2125-2G9	vehicle Year 2016	Vehicle Make Toyota
Current Estimate Amount \$1,000.00	Potential New Estimate Amount \$1,000.00	
Current Supplement Amount Requested	Date Vehicle Arrived at Shop (MM-DD-YYYY) 	


Potential Validate Claim Error – Vehicle Information Does Not Match Claim Number

If you receive this error, review the State Farm® Estimate, then re-enter the information and click **Check Claim**.

Verify your customer's claim with State Farm. All fields below are required.

If a supplement is required on a vehicle make not listed, such as a trailer, commercial truck, travel trailer, recreational vehicle (RV), all-terrain vehicle (ATV), motorcycle, stake bed, or box bed type truck, please contact the claim handler displayed on the State Farm estimate to send an Estimate Assist assignment to you.

 Vehicle Information entered does not match claim number.

 Please refer to the Control Information & Vehicle sections of the State Farm® estimate and re-enter the information. If you are unable to proceed, please call the claims team at the number listed in the Control section of the estimate.

If you do not have the State Farm® estimate, you can contact 800-SF-CLAIM to obtain the correct claim contact. Do not call the B2B Help Desk if you receive this error.

If you are unable to continue, contact the claim team at the number listed in the Owner and Control section of the State Farm® estimate.


Request Supplement – Provide Information

1. Please provide the **Current Supplement Amount Requested** in the box below and the **Potential New Estimate Amount** will automatically update.
2. Use the calendar icon next to **Date Vehicle Arrived at Shop** to select the date.

Request Supplement - Auto Repair

If a supplement is required on a vehicle make not listed, such as a trailer, commercial truck, travel trailer, recreational vehicle (RV), all-terrain vehicle (ATV), motorcycle, stake bed, or box bed type truck, please contact the claim handler displayed on the State Farm estimate to discuss next steps.

Verify our mutual customer's claim with State Farm. All fields below are required.

Claim Number 13-2125-2G9	vehicle Year 2016	Vehicle Make Toyota
Current Estimate Amount \$1,000.00	Potential New Estimate Amount \$1,500.25	
Current Supplement Amount Requested \$500.25	Date Vehicle Arrived at Shop (MM-DD-YYYY) 02-27-2023 	

3. Please indicate if the supplement request involves damages from:
 - Hail
 - Flood
 - Other damages (i.e., collision or comprehensive)
4. The form will not let you proceed until one of the following radio buttons has been selected.

Please indicate if supplement request involves damages from

Hail Flood Other Damages

5. For the **Supplement Request Type**, there are 5 options:
 - Parts Price
 - Labor Time Change
 - Repair/Replace Change
 - Damage Not on Original
 - Other

Important!

Please include all pieces of your supplement request that align with the same category in the same entry box.

Example: A request for labor time changes on 2 areas of the vehicle would be included in the same entry. The Total Additional Labor Time would be a combination of the 2 areas additional time requested.

If requesting multiple items for one Supplement Request Type please combine them into one entry

The screenshot shows a form with three input fields at the top: 'Supplement Request Type' with a dropdown arrow, 'Total Additional Labor Time (hours)' with the value '2.5', and 'Current Supplement Amount Requested' with the value '\$85.75'. Below these is a 'Parts' dropdown menu with a downward arrow. Underneath is a 'Comments' section with a text area containing the text 'Requesting Labor time change for hood and front bumper.' and a character count '(445) characters remaining' at the bottom right.

If you have selected any **Supplement Request Type** besides **Labor Time Change**, you may select multiple associated parts in the **Parts Drop Down**. You must select each one individually, but both will display. You may remove one by clicking on the "X" next to it. You may also search for a part using the search bar at the top of the **Parts Drop Down**.

If the part you are requesting for is not listed in the drop down, please include a call out within the comment section of the related entry box.

Select all that apply

Parts

The screenshot shows a form with three input fields at the top: 'Supplement Request Type' with a dropdown arrow and the value 'Parts Price', 'Total Additional Labor Time (hours)' which is currently empty, and 'Current Supplement Amount Requested' with the value '\$250.00'. Below these is a 'Parts' dropdown menu with a downward arrow and the text 'Select all that apply' above it. The dropdown menu is open, showing 'Front Bumper x' and 'Hood x'. Underneath is a 'Comments' section with a text area containing the text 'supporting documents for Parts Price change on both bumper and hood are attached.' and a character count '(419) characters remaining' at the bottom right.

Comments Section

Adding comments to each entry box or Supplement Request Type will provide the appraiser with additional context, aiding in the limit of calls back to your shop with questions.

Please refrain from entering Sensitive Personal Information (SPI) in the comments field or formatting numbers that may resemble numbers like the following:

- Social Security Number
- Tax Identification Number
- Driver's License Number
- Financial Account Number(s)
- Credit/Debit Card Number(s)
- Protected Health Information
- Any Medical Information

The fields not aligning with the **Request Type** you selected for that entry will be greyed out and non-editable.

You may create as many entries as needed by selecting **Add Entry** which will be located on the bottom left after your last entry box. The max number of entry boxes should be 5 as all requests for the same **Supplement Request Type** should go in the same entry box.




Request Supplement – Upload Files

1. Click **Choose File** to select documentation such as the itemized supplemental estimate, photos, invoices, etc. to support your supplement request.
2. Additional context regarding which attachments will assist with the processes of your Supplement Request based on what **Supplement Request Types** you have requested can be found under **Please Attach**.

Request Supplement - Upload Files

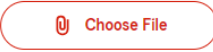
To expedite the review process, upload your supplemental estimate, photos and/or copies of other supporting documentation for the items you are requesting



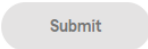

- First choose the file(s) then click open
- File types can be PDF, JPG or JPEG
- Each file cannot exceed 17 MB and total files cannot exceed 19 MB
- A maximum of 20 files can be attached
- Please ensure that the file is not password protected, these files will cause errors
- These files will become a permanent part of the claim

Please Attach:

- Photos of vehicle to support Supplement Request



S.No	Filename	Size(MB)	Remove
0 file(s) selected, total files size 0.00 MB			



3. You can select all the files you want to upload at the same time. File types accepted are noted as PDF, JPG and JPEG.
 - Each **file cannot exceed 17MB**
 - **Total size** of uploaded files cannot exceed **19MB**
 - Maximum of 20 files can be attached
 - **Password protected** files will cause errors

Once files are uploaded you can remove any of the files if you uploaded in error.

Request Supplement – Submitted

1. Once all documents are listed, click **Submit** to complete the request. You will see a message indicating the submission was successful.
2. You can complete another request by clicking **New Request**.



Request Supplement - Submitted

Thank you! we have successfully received your supplement request for (13-2131-0K9). This is in process of being reviewed and a State Farm® appraiser will contact you if anything additional is needed.

