

# All the documents you need.

We provide credible insurance documentation, professionally-designed estimate charts, easy-to-read invoices, confidence-building warranty certificates and more.

**ACORD CERTIFICATE OF LIABILITY INSURANCE**  
 PRODUCE: Fiance & Associates, Inc.  
 5921 North High Street  
 Worthington OH 43085  
 INSURED: Magic Industries, Inc., etal  
 4651 Poth Road  
 Columbus OH 43213  
 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.  
**INSURERS AFFORDING COVERAGE**  
 INSURER A: State Auto  
 INSURER B:  
 INSURER C:  
 INSURER D:  
**COVERAGES**  
 GENERAL LIABILITY  
 COMMERCIAL GENERAL LIABILITY  
 AUTOMOBILE LIABILITY  
 DAMAGE LIABILITY  
 EXCESS/BAILIENESS LIABILITY  
 WORKERS COMPENSATION AND EMPLOYERS LIABILITY  
 OTHER BUSINESS PERSONAL PROPERTY

## Lifetime Warranty

Dent Magic is totally committed to customer satisfaction. We guarantee all repairs to meet or exceed our customer's expectations. Dent Magic will guarantee any repair performed by our technicians for as long as you own the vehicle. Should the damage ever re-appear and it is not a result of a new impact to the panel or any apparent defects resulting from our repair process, Dent Magic will re-repair the affected area at no charge.

**Dent Magic PAINTLESS DENT REMOVAL**  
 800-779-3368 (DENT)  
**INVOICE #**  
 REMIT TO: 4629 Poth Road, Columbus, OH 43213  
 Estimator: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Technician 1: \_\_\_\_\_ Tech #: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_ Technician 2: \_\_\_\_\_ Tech #: \$ \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Technician 3: \_\_\_\_\_ Tech #: \$ \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Technician 4: \_\_\_\_\_ Tech #: \$ \_\_\_\_\_  
 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ R & I Tech 5: \_\_\_\_\_ Tech #: \$ \_\_\_\_\_  
 VIN #: \_\_\_\_\_  
 Mileage: \_\_\_\_\_ License #: \_\_\_\_\_  
 Insurance Co: \_\_\_\_\_  
 Claim #: \_\_\_\_\_ Stock #: \_\_\_\_\_  
 Job Site Location: \_\_\_\_\_  
 Job Site Manager #: \_\_\_\_\_  
 COMMENTS:  
 Panel Description Size PDR Amount \*R & I Amount  
 1. Hood D N O H S Hood / Hood Liner \$ \$  
 2. Roof D N O H S Sunroof/Headliner/Rack \$ \$  
 3. Trunk D N O H S Trunk / Liner \$ \$  
 4. L 1/4 D N O H S Tail Light / Liner \$ \$  
 5. L Roof Rail D N O H S Door Panel \$ \$  
 6. L/R Door D N O H S Door Panel \$ \$  
 7. L/F Door D N O H S Door Panel \$ \$  
 8. L/F Fender D N O H S Light / Liner \$ \$  
 9. R/F Fender D N O H S Light / Liner \$ \$  
 10. R/F Door D N O H S Door Panel \$ \$  
 11. RR Door D N O H S Door Panel \$ \$  
 12. R 1/4 D N O H S Tail Light / Liner \$ \$  
 Cowl \$ \$  
 \*R & I TOTAL \$ \$  
 NONESTIMATE DAMAGE  
 MINDED PDR + R & I TOTAL \$ \$  
 ADJUSTMENTS \$ \$  
 SUB TOTAL \$ \$  
 SALES TAX \$ \$  
 INVOICE TOTAL \$ \$  
 \*R & I TOTAL \$ \$  
 PRE-EXISTING DAMAGE  
 R & I TOTAL \$ \$  
 FOR TOTAL \$ \$  
 SUB TOTAL \$ \$  
 SALES TAX \$ \$  
 TOTAL \$ \$

**Ohio Bureau of Workers' Compensation**  
 30 W. Spring St.  
 Columbus, OH 43215  
**Certificate of Premium Payment**  
 This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.  
 This certificate must be conspicuously posted.  
 Policy No. and Employer: 1120939  
 Period Specified Below: 01/01/2009 THRU 08/31/2009  
 MAGIC INDUSTRIES INC  
 4651 POTH RD  
 COLUMBUS OH 43213-1329  
 ohiobc.com  
 You can reproduce this certificate as needed.

**Dent Magic PAINTLESS DENT REMOVAL**  
 HAIL ESTIMATE Estimate Good For 30 Days  
 DATE: \_\_\_\_\_ ESTIMATOR: \_\_\_\_\_ ESTIMATE CONDITIONS:  
 MAKE: \_\_\_\_\_ INSURANCE CO: \_\_\_\_\_ U/L Repair /  
 CUSTOMER PHONE #: \_\_\_\_\_ CLAIM # \_\_\_\_\_ D Outside /  
 YEAR/MAKE/MODEL: \_\_\_\_\_ LICENSE #/MILEAGE: \_\_\_\_\_ L2 Other Conditions  
 VIN # \_\_\_\_\_ COLOR: \_\_\_\_\_

SEVERITY CLASS	VERY LIGHT		LIGHT		MODERATE		MEDIUM		ADD	ADD	PARTS	LABOR
	TOTAL # DENTS	1 TO 5 DENTS	6 TO 10 DENTS	11 TO 15 DENTS	16 TO 30 DENTS	31 TO 50 DENTS	50 TO 100 DENTS	100 TO 500 DENTS				
HOOD*	75	100	125	150	175	200	225	250	\$	\$		
ROOF*	100	125	150	175	200	225	250	275	\$	\$		
DECK LID*	75	100	125	150	175	200	225	250	\$	\$		
L QUARTER*	75	100	125	150	175	200	225	250	\$	\$		
L ROOF RAIL*	75	100	125	150	175	200	225	250	\$	\$		
L/R DOOR*	75	100	125	150	175	200	225	250	\$	\$		
L/F DOOR*	75	100	125	150	175	200	225	250	\$	\$		
L/F FENDER*	75	100	125	150	175	200	225	250	\$	\$		
R QUARTER*	75	100	125	150	175	200	225	250	\$	\$		
R ROOF RAIL*	75	100	125	150	175	200	225	250	\$	\$		
R/R DOOR*	75	100	125	150	175	200	225	250	\$	\$		
R/F DOOR*	75	100	125	150	175	200	225	250	\$	\$		
R/F FENDER*	75	100	125	150	175	200	225	250	\$	\$		
METAL SURROOF*	75	100	125	150	175	200	225	250	\$	\$		
COV/L OTHER*	75	100	125	150	175	200	225	250	\$	\$		

