[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Date]

[Body Shop Name]
[Contact Person]
[Address Line 1]
[City, State, Zip Code]

Subject: Notification of Approval for Direct Repair Program (DRP)

Dear [Contact Person],

We are pleased to inform you that [Body Shop Name] has been officially approved to join the [Company Name] Direct Repair Program (DRP), effective [Start Date].

After a thorough review of your facility, equipment, and historical performance metrics, we are confident that your shop meets our high standards for repair quality and customer service. As an approved DRP partner, you will be added to our preferred provider network provided to our policyholders.

To finalize your enrollment, please complete the following steps:

- Sign and return the enclosed Master Service Agreement.
- Provide an updated copy of your General Liability and Garage Keepers Insurance certificates.
- Complete the portal training for our integrated estimating and claims management software.

Your dedicated Network Manager, [Manager Name], will contact you shortly to schedule an onboarding meeting and review our specific Key Performance Indicators (KPIs) and billing procedures.

We look forward to a successful and productive partnership.

Sincerely,

[Your Name]
[Your Title]
[Company Name]