

# Claim Submission

## Contractor Information

Contractor Name		
Address		
City	State	Zip
Contractor Phone	Contractor Email	

## Homeowner Information

Homeowner Name		
Address		
City	State	Zip
Purchaser Phone	Purchaser Email	

## Job Info

Equipment Type	
Unit Model #	Unit Serial No.
MFA Policy No. (if available)	Choose Coverage
Choose Allowance	

Nature of problem (Include diagnosis and date of diagnosis)

Notes

Type of service performed and details of repair

List of part numbers used (even if still under manufacturer's warranty)

Additional Provisions:

1. Loose nuts, bolts, wires, and insulation are not covered.
2. Noise, vibrations, and adjustments are not covered.
3. Fuses external to the equipment are not covered.
4. Only one trip per service call will be reimbursed. Times include refrigerant evacuation/recharge. Assembly is defined as all components making up the whole of a part.
5. Thermostats purchased with covered equipment included.
6. Trip/Diagnostic Charge - \$50.00 - paid once per service issue.
7. Installing Contractor covers first year labor; Extended Labor Warranty begins one (1) year from Installation Date.
8. Labor Rate is \$100.00 per hour.
9. Contractor must ensure that Purchaser has registered Equipment for Ten (10) year part warranty.
10. Time allowances marked with an \* already include refrigerant handling.

Upload a file if needed.



Today's Date:

Contractor:

Technician:

X \_\_\_\_\_



# Signature Certificate

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Unique Document ID: 7529E502A0BAD4DDF96B65B3017440DC09A501AC



## Timestamp

January 22, 2021 2:07 pm  
EST

## Audit

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This audit trail report provides a detailed record of the  
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