

CLIENT NAME

**ADDRESS** 

CITY

## Service Claim

ZIP CODE

SUBMISSION DATE (mm/dd/yyyy)

Please complete this Claim Form and Fax to Prime Warranty at: 855-595-6303

or submit via email to: <a href="mailto:claims@primewarranty.net">claims@primewarranty.net</a>

Include the work order/invoice for repairs with client signature as well as receipts for required parts.

All claims must be submitted to Prime Warranty within sixty (60) days of equipment repair date.

STATE

TELEPHONE	AGREEMENT NUMBER		INVOICE NUMBER		
CONTRACTOR NAME					
ADDRESS					
CITY	STATE	ZIP CODE	TELEPHONE		
FAX	CONTRACTOR NUMBER		EMAIL		
CLAIM ISSUE					
EQUIPMENT MODEL NUMBER	EQUIPMENT SERIAL NUMBER	SE	RVICE DATE (mm/dd/yyyy) INS	TALLATION DATE (n	nm/dd/yyyy)
REPAIR DESCRIPTION / LABOR			LABOR REIMBURSEMENT RATE / HOUR	NUMBER OF HOURS	TOTAL AMOUNT FOR LABOR
PARTS DESCRIPTION		QTY	PARTS COST	PROCESS ALLOWANCE	TOTAL AMOUNT FOR PARTS
TOTAL LABOR					
- Parts are inclusive of OEM Warranty. If subsequent repairs are required, the primary repair is reimbursed at 100%, second repair at 75%, and any additional repairs at 50%.					
- Parts process allowance: \$35.00					
				TOTAL	
				-	