



# Limited Warranty Response Form

Please complete this form and provide all requested documentation in order to ensure timely processing and investigation of your claim. This form must be signed and returned to TESCO within thirty (30) days from the date you discovered the loss/damaged/failure to your covered property in order for the claim to be considered. Failure to comply with the above requirements may result in the delay or denial of your claim. Any warranty claims are subject to TESCO's limited product warranty and subject to its terms and conditions. TESCO may, at its sole discretion, require additional information relating to your claim.

## SECTION A: Customer Information

Homeowner's Name: \_\_\_\_\_ Electric Utility Account #: \_\_\_\_\_ - \_\_\_\_\_

Service Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Discovery Date of Incident/Loss: \_\_\_\_\_

Describe the incident and weather conditions during the incident which caused the damage: \_\_\_\_\_

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Please call 800-426-2826 if you have any questions regarding the limited product warranty or the list of covered item.

## This Section-Motor-Driven Appliance(s) Only

*Attach all repair bills/estimates and other proof of loss. All invoices and receipts must be on an itemized form with the company's letterhead, name, address, telephone number and a breakdown of services and must include a statement that the damages to the covered property were caused by a power surge. If the item is "not repairable" the reason must be clearly stated by the licensed service technician. Any claims made are subject to the express terms of TESCO's manufacturer's warranty. Use a separate piece paper to report any additional items.*

*Appliance:	Original Purchase Date:	Original Purchase Price: \$
*Brand:	*Model Number:	Age:
Labor: \$	Replacement Part(s): \$	*Total: \$

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*Brand:	*Model Number:	Age:
Labor: \$	Replacement Part(s): \$	*Total: \$

\*Required Fields

## This Section - Electronic Items Only

*Attach all repair invoices/estimates and other proof of loss. All invoices/estimates must be on an itemized form with the company's letterhead, name, address, telephone number and a breakdown of services that include a statement that the damages to the covered property were caused by a power surge. If any covered property is "not repairable" the invoice must clearly state that conclusion and you must also submit documentation estimating that replacement with like kind or value of the covered property. Use a separate piece of paper to report any additional items.*

*Electronic Item:		Original Purchase Price: \$
*Brand:	*Model Number:	Age:
*Indicate if item was repaired or replaced:      Repaired <input type="checkbox"/> Replaced <input type="checkbox"/>		*Is item covered by another warranty or extended service agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>
*Repair/Replacement Costs: \$		

*Electronic Item:		Original Purchase Price: \$
*Brand:	*Model Number:	Age:
*Indicate if item was repaired or replaced:      Repaired <input type="checkbox"/> Replaced <input type="checkbox"/>		*Is item covered by another warranty or extended service agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>
*Repair/Replacement Costs: \$		

*Electronic Item:		Original Purchase Price: \$
*Brand:	*Model Number:	Age:
*Indicate if item was repaired or replaced:      Repaired <input type="checkbox"/> Replaced <input type="checkbox"/>		*Is item covered by another warranty or extended service agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>
*Repair/Replacement Costs: \$		

\*Required Fields

**Total amount for which claim is being made \$ \_\_\_\_\_**

Will you/have you filed a claim, for any of the listed items, with your insurance company and/or any warranty company? Yes  No

**Insurance/Warranty Co.:** \_\_\_\_\_ **Amount paid (if any) to you \$** \_\_\_\_\_

**Customer Signature (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Customer Name (Print):** \_\_\_\_\_

**Customer Email Address (Print):** \_\_\_\_\_

By providing your email address, you agree to receive emails about this warranty claim from TESCO.

**Send completed claim form to one of the following:**

Email: [info@tesco-online.com](mailto:info@tesco-online.com)

Mail: TESCO

2051 N Main St Suite 219

Coeur d'Alene ID 83814

**For questions please call 800-426-2826**