

CLAIMS PROCESS

1. Locate the system label located on the panel or duct.

2. Go online to find the claim form at:

<https://info.semcohvac.com/claim-form>

3. Fill out the online claim form and click submit. The information needed to fill out the form can be found on the system label on the panel or duct.

4. You will receive an email confirmation of your claim request.

PANEL MARK :

64865-1 **7** **B**

RO95689

ACME PROJECT

SEMCO INCORPORATED - 1800 East Pointe Drive - Columbia, MO 65201
PHONE 573-443-1481 FAX 573-443-6921

*Mfg. by SEMCO Duct & Acoustical Products, Inc.
(SMWIA Local #100) at Roanoke, VA*

Job #: **RO55555** Plate: 1 Piece: 1 Ga: 24

Qty = **1** Block: 13.000 x 37.907

Desc: **TR** SINGLE WALL

Dims: **12** **10** **8**
MALE MALE MALE

/BRL=5/CH=1/CL=5.5/CA=90

Mark: **SA12/D100.3/2ND/B**

Item #: **1**

Order: 27889-1

ABC

Email*

Claim Number (SEMCO Use Only) **Date Issue Was Found**

Model Number **Product Category** **Unit Serial Number**

Failure Category

Product/Equipment Location

First name **Last name**

Street address

State/Region

Shipping Phone Number

Please provide a detailed description of the failure.