

HOW TO FILE A CLAIM DURING YEARS 2 THROUGH 7 OF YOUR LIMITED WARRANTY

1. All claims for **Mechanical Breakdown** must be reported to **Us** within 72 hours after **You** discover such **Mechanical Breakdowns**. When **You** need service, call **Us** at **Our** toll-free number **1-877-434-3657**, discontinue using the system or appliance and protect it from further damage. If, after **You** call, service is not initiated by **Us** within 72 hours, or immediately for furnace or heating system malfunctions during periods of cold weather, **You** may engage **Your** own service person and **We** will pay the reasonable and customary charge for the **Repair** or **Replacement** of the **Covered Component(s)**. DO NOT EFFECT ANY **REPAIRS** OR **REPLACEMENT** WITHOUT PRIOR AUTHORIZATION FROM US. **WE** RESERVE THE RIGHT TO INSPECT **YOUR** HOME RELATIVE TO ANY CLAIM REPORTED TO US.
2. If **You** prefer, **You** may write to **Administrator** at 1899 Tate Blvd., S.E., Suite 2110, Hickory, NC 28602.
3. Tell **Us** what **Covered Component** is involved and give **Us** **Your** contract number. If you do not have your contract number, we will need the serial number of your home. Describe the **Repair** needed and when **You** discovered the problem. **We** may require a statement in writing.
4. Once **We** have received **Your** notice, **We** will assign a separate claim reference number to each of **Your** claims. **You** should keep a record of this reference number to facilitate future contacts with Us.
5. Save the item. DO NOT THROW IT AWAY. **We** may want to inspect the item. Do not **Replace** or attempt to make **Repairs** to **Covered Components**. **We** have the sole option to determine whether a **Mechanical Breakdown** will be corrected by either **Repair** or **Replacement**. **YOU ARE SOLELY RESPONSIBLE FOR ARRANGING FOR ANY REPAIR OR REPLACEMENT AUTHORIZED BY US.**
6. Once the authorized **Repair** or **Replacement** has been completed, **We** will reimburse **You** or an authorized **Repair** facility for the reasonable and necessary costs of making such **Repair** or **Replacement**, including parts, labor, and sales tax, payable by **You** for each **Mechanical Breakdown** of a component.
7. Reimbursements for authorized **Repairs** or **Replacements**, less the deductible, will be made as follows:
 - a. *The reimbursement payment will be made directly to the authorized **Repair** facility, or*
 - b. ***You** may pay the authorized **Repair** facility directly and submit the original invoices, with proof of payment, to **Us** for reimbursement. **You** will receive **Your** reimbursement payment within thirty (30) days after **We** receive the original documentation supporting **Your** claim.*
8. In lieu of a reimbursement payment to **You**, or an authorized **Repair** facility, **We**, at **Our** sole discretion, may offer to adjust **Your** claim by means of a lump sum cash payment to **You**. If **You** should accept such claim adjustment, **We** shall not have any further liability to reimburse **You** for this or future **Mechanical Breakdowns** of that item.
9. **You** will be required to cooperate with **Us** in **Our** effort to investigate a need for claim service. If **You** fail to cooperate, **We** have the right to deny **Your** request for service.
10. Once **Your** request for service has been completed, **You** may be asked to acknowledge this by signing a certificate of satisfaction. In the event **We** **Repair** or **Replace** any item, **We** may at **Our** option take the defective part or item, or may leave such item with **You**. **You** shall not have the option of abandoning such part or item to Us.