

Contractor Checklist - Bosch Warranty Claims



Homeowner (First & Last Name): _____

Address (Street, City, State, Zip): _____

Contractor: _____

Contractor Phone #: _____

UNIT INFORMATION

Serial Number: _____

Original Install Date: _____

Fail Date: _____

REPLACEMENT INFORMATION

Replacement part #: _____

Replacement Serial #: _____
(If replacing with new unit)

Photos required?*

ADDITIONAL INFORMATION

PO #: _____

Leak Location: _____

Claim Description: _____

*If photos are required, please submit with this form or email them directly to warranty@tssassociatesinc.com with homeowner name and distributor.