



Meter-Treater, Inc.

QUALITY SURGE PROTECTION DEVICES SINCE 1986

RMA: _____

Extended Warranty Claim Form

This is a warranty program. This is not an insurance policy.

Date: ____/____/____

Electric Power Company Name: _____

Name:	
Street Address (where the device is located):	
City/State/Zip Code:	
Mailing Address (if different from above):	
City/State/Zip Code:	
Home Phone:	Cell Phone:
Email Address:	

Meter-Treater, Inc's (MTI) transmittal of this warranty documentation to you is not an indication of whether or not the warranty applicable to your unit is still valid or has expired, or whether or not the claimed damage is covered. Determination as to (a) whether or not a unit is covered under a valid warranty or (b) whether or not any damage is covered by warranty (if valid), cannot be made until such time as MTI receives the unit from the utility company and this form. In the event it is determined that the warranty of your unit had expired prior to submitting a claim, MTI will not process the warranty claim; any further communication regarding the damages sustained must go through your utility company directly. Please be aware this is not an insurance policy.

For this warranty to be validated, the MTI surge protective device (SPD) must have sustained transient voltage damage as defined by IEEE C62 Standards (an age related failure of the status lights is not an indication of surge activity). The transient voltage/surge must have entered via the utility's power line and passed through the SPD causing consequential damage to standard residential equipment or appliances located inside a residence. MTI will evaluate the SPD for surge activity.

Meter-Treater, Inc. must be given notice of connected equipment damage within seven (7) working days of the discovery of the damaged equipment. Failure to so notify MTI within said time frame will result in denial of the claim.

Meter-Treater, Inc. will request the power company remove the device. To process the claim, a completed Warranty Claim Form and the return of the MTI device is required.

See a copy of the warranty provided to you by your electric power company for details.

If you need assistance completing this form, please contact the Warranty Department at (800) 342-6890 or Meter-Treater, Inc. at (800) 638-3788.

Return the Warranty Claim Package

Via Mail to:
Meter-Treater, Inc.
Attn: Warranty Department
1349 South Killian Drive
Lake Park, FL 33403-1918

Or Via Email to:
warranty@metertreater.com



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PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM

Note: Complete and accurate information assists in expediting the claims process.

1. Meter-Treater, Inc. (MTI) **MUST** have been given notice of connected equipment damage within seven (7) working days of the discovery of the damaged equipment.
2. The Warranty Claim Form **MUST** be signed and returned to Meter-Treater, Inc. within thirty (30) days from the date you notified MTI of the damage in order for the claim to be considered. In any event, the claim will only be considered if a valid warranty is in existence.
3. To ensure we receive your Warranty Claim Form, if returning the form by mail, Meter-Treater recommends that written correspondence be sent in such a manner that it may be tracked by you (e.g. US Mail Certified Letter). If you choose to email the Warranty Claim Form to MTI, make sure to retain all digital correspondence for your records.
4. The Warranty Claim Form cannot be processed without (1) description of item(s) damaged including the brand, model number and serial number and (2) estimate(s), invoice(s), or receipts. Warranty Claim Forms submitted without estimate(s), invoice(s) or receipts will be denied. All estimate(s), invoice(s) or receipt(s) for essential items already repaired, **MUST** be supplied for damaged equipment reported. You agree to cooperate with Meter-Treater, Inc. in the processing of your claim and provide any supplemental information requested by Meter-Treater, Inc. within ten (10) business days. Failure to do so will result in the claim being rejected and Meter-Treater, Inc. shall have no further liability.
5. All estimates, invoices and receipts must be on an itemized billing form with the companies' name, address and telephone number. Breakdown of services, repairs made, parts, labor time, etc., must be included on all invoices, estimates and receipts.
6. Whenever possible, all damaged equipment must be retained until the claim has been completed. We may request the damaged equipment or component be sent to Meter-Treater, Inc. for repair or evaluation.
7. Meter-Treater, Inc. or your Utility Company will provide you a written response after evaluating the returned Surge Protection Device (SPD) and the information you have provided in this form. The Terms & Conditions of Meter-Treater, Inc.'s liability are delineated in detail in the warranty for your specific SPD. See a copy of the warranty provided to you by your electric power company for details. If it is determined that you are entitled to compensation, you will be given either **the fair market value of the damaged equipment immediately preceding the failure, reimbursed for reasonably incurred repairs, or paid the cost of reasonable estimated repairs.** Meter-Treater, Inc. shall only be liable to pay those damages incurred which are covered under this warranty and for which you have not recovered or do not intend to recover from a third party or insurance carrier. In no event shall you be entitled to a "double recovery". It should be noted that this is **NOT** an equipment replacement insurance.
8. Please attach any necessary information or comments on separate paper if additional space is required or attach in the email you submit.



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Estimated Date of Incident: _____ Time of Incident(if known): _____

Weather Conditions at the time of incident: _____

Are the lights on the SPD ON or OFF

Information about the Lights on the Device: Depending upon the Model of the Surge Protective Device installed at the meter, there may be one (1) or two (2) red indicator light(s).

Damaged Equipment Information

Note: Complete and accurate information assists in expediting the claims process.

All fields are mandatory. If the information is not available, enter N/A.

Item 1		Total dollar amount requested for item 1: \$ <input style="width: 50px;" type="text"/>	
Description of Damage:			
Equipment/Appliance Type (IE: Stove, Refrigerator, AC, etc):			
Original Purchase Date:		Age of Appliance:	
Brand:	Model Number:	Serial Number:	
Labor Cost (if applicable):\$	Replacement Part(s) Cost (if applicable):\$	Total cost (if applicable):\$	
Invoice(s) Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO		Photo(s) Attached (Recommended but not required): <input type="checkbox"/> YES <input type="checkbox"/> NO	

Item 2 (if applicable)		Total dollar amount requested for item 2: \$ <input style="width: 50px;" type="text"/>	
Description of Damage:			
Equipment/Appliance Type (IE: Stove, Refrigerator, AC, etc):			
Original Purchase Date:		Age of Appliance:	
Brand:	Model Number:	Serial Number:	
Labor Cost (if applicable):\$	Replacement Part(s) Cost (if applicable):\$	Total cost (if applicable):\$	
Invoice(s) Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO		Photo(s) Attached (Recommended but not required): <input type="checkbox"/> YES <input type="checkbox"/> NO	



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Item 3 (if applicable)

Total dollar amount requested for item 3: \$

Description of Damage:

Equipment/Appliance Type (IE: Stove, Refrigerator, AC, etc):

Original Purchase Date:

Age of Appliance:

Brand:

Model Number:

Serial Number:

Labor Cost (if applicable):\$

Replacement Part(s) Cost (if applicable):\$

Total cost (if applicable):\$

Invoice(s) Attached: YES NO

Photo(s) Attached (Recommended but not required): YES NO

Additional Comments or Information:

Before signing and returning this form, please check to ensure that you have completed the following:

- Read through and complete the form in its entirety.
- Enclose all applicable estimates, receipts, invoices and pictures.
- Include any other document(s) that may be relevant.
- Retain all damaged equipment or pictures until claim has been finalized.
(Including but not limited to appliance information, tags and appliances themselves)

For your protection, the law requires you to be advised of the following: It is a criminal act to make false, fraudulent or multiple claims regarding the same occurrence, or to assist in the preparation or presentation of false, fraudulent or multiple claims regarding the same occurrence. Violators of this provision may be subject to criminal prosecution.

Has a claim for this incident been filed with your primary insurance carrier? YES NO

\$

Name of Primary Home Insurance Carrier

Amount (if any) paid to you for this incident by Primary Insurance Carrier

Any and all possible subrogation claims which may be made by a homeowner's insurance company are hereby waived. Homeowner expressly acknowledges this provision and intends for its insurance company to be bound by this subrogation prohibition.

In the event a warranty claim is made hereunder by someone other than the owner/title holder of the property for which a warranty claim is made (referred to herein as "Claimant"), then and in such event, Claimant agrees as follows: Claimant shall defend at its sole cost and shall fully indemnify and hold harmless MTI and its officers, directors, employees, contractors, sub-contractors, agents, advisors and representatives (each, an "Indemnified Party") from any and all liabilities, obligations, claims, suits, contingencies, damages, losses, fines, penalties, interest, costs and expenses (including all court costs, costs of investigation and reasonable attorneys' fees), etc. (collectively, "Losses") that MTI or such other Indemnified Party may suffer or incur as a result of or relating to any claims made by the owner/title holder of the property for coverage under this warranty. Claimant understands that only one claim can be made per incident and that MTI shall not be liable to multiple parties. MTI shall select counsel of its choice in connection with defending any such claims, demand or action. MTI may deduct or withhold money due from MTI to Claimant hereunder to cover such Losses if multiple claims are made. In the event such set-off or withholding is insufficient to cover the Losses, Claimant shall remain liable for any balance.

I acknowledge that I have read and do hereby accept the terms and conditions contained within this Warranty Claim Form.

Signature:

Date: _____

This form will be considered incomplete and returned if it is not completed in its entirety and/or not signed. This may cause a delay in processing your warranty or cause the warranty response time-period to expire and the claim being rejected and Meter-Treater, Inc. shall have no further liability.