

## WARRANTY BULLETIN

**Date:** August 11, 2009

**Bulletin #** HWB-017

**To:** 3<sup>rd</sup> Party Contractors

**\*\*\*TIME SENSITIVE MATERIALS ENCLOSED\*\*\***

**From:** Hussmann Warranty Department

**Subject:** Important notice regarding changes to Warranty Payments

Please note that as of August 15<sup>th</sup>, 2009 WIN (Warranty Intelligence Network) will no longer be accepting any Warranty Claims. Any claims postmarked after August 15<sup>th</sup> will be returned to you. Claims postmarked August 15<sup>th</sup> or earlier will still be processed through WIN – please do not mail multiple copies of claims.

Hussmann Corporation, a division of Ingersoll Rand would like to thank you for your service in maintaining our equipment in the market place. We would like to share with you an exciting new change that is taking place within the Hussmann Warranty Department.

Beginning August 15<sup>th</sup> we will no longer be using Warranty Intelligence Network (WIN) to handle our Warranty Claims. WIN has done an outstanding job of facilitating warranty reimbursements and we thank them for their service over the years.

Benefits with the new warranty system are 1) Standard Repair times (SRT's) 2) expedited payments 3) 24/7 visibility to claim status, and a standardization of Warranty Claims process across all Ingersoll Rand Companies. SRT's will be communicated to you when W9 & MSA form is completed.

- The new Warranty System requires claims be entered electronically via the Internet. Exceptions will only be made for those who do not have access to the internet. We will provide instructions on how to file once forms below are completed and returned to us. In the meantime, mail claims to new address below. (Please allow 2-3 weeks for WEB Access) In the meantime paper copies will be accepted.
- **A completed W9 & MSA form is required to be on file after August 15<sup>th</sup>, 2009 before any payments can be released (W9 only required for U.S.A Contractors).** Please complete both forms today and send back to us via one of the three methods noted at top of MSA form (Mail, E-mail, Fax)
- Internet training session will be available bi-monthly to you when completed forms are returned. Please note our new contact information and mailing address, Please update your billing system(s):

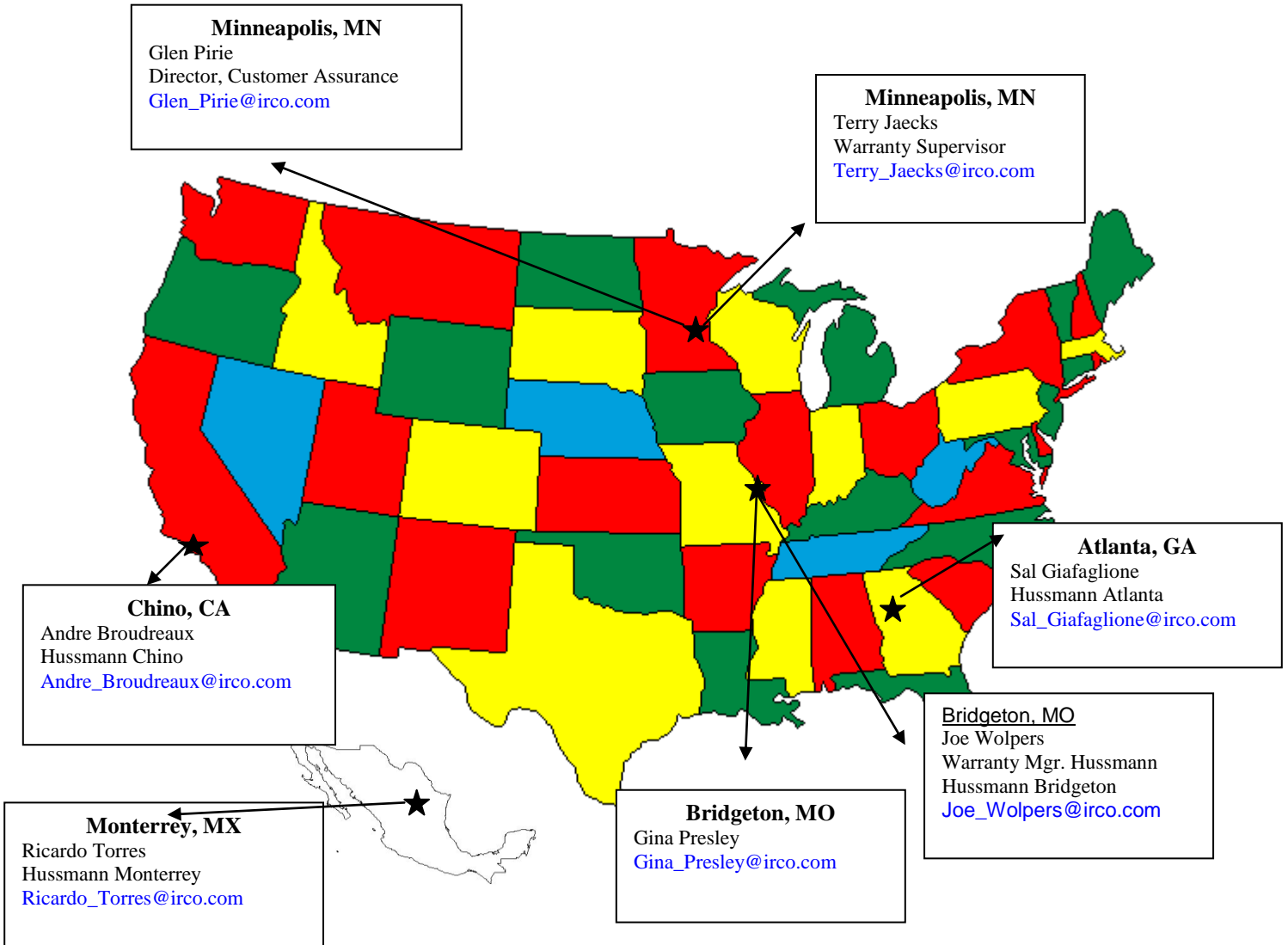
### **Hussmann Warranty Claims**

12999 St. Charles Rock Rd.  
Bridgeton, MO 63044

Phone: (800) 398-7402  
Fax: (866) 955-7053

## Warranty Contacts

(800) 398-7402



Contact	Assisting in regards to:
Joe Wolpers	All General Warranty questions and Hussmann Bridgeton cases
Andre Broudreux	Warranty questions on cases manufactured at Hussmann Chino
Sal Giafaglione	Warranty questions on Hussmann Conventional Units, Port-a-Paks, and Refrigeration Systems
Glen Pirie	Director Customer Relationship Management (CRM)
Terry Jaecks	Warranty Supervisor, Hussmann & Thermo King
Gina Presley	System/data/ issues and support

## MSA Form

**To: Hussmann Warranty Claims**

Attn: User Administration  
12999 St. Charles Rock Rd.  
Bridgeton, MO 63044

Email: [HussmannWarrantyClaims@irco.com](mailto:HussmannWarrantyClaims@irco.com)

Fax: (866) 955-7053

**“ \* ” indicates required field(s)**

**Business Address:**

Company Name:\* \_\_\_\_\_

Company Address:\* \_\_\_\_\_

Company City, \_\_\_\_\_

State/Providence, Zip\* \_\_\_\_\_

Phone Number:\* \_\_\_\_\_

Fax Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current labor Rate/hr:

\$ _____.
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Required for invite to Windows Live Meeting web training on how to file a claim

**Remittance Address** (if different from above)

Same as above

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company City, State, Zip \_\_\_\_\_

Company Representative:\* \_\_\_\_\_

Name/Title

Signature:\* \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

# HUSSMANN

Warranty Claim form

Submit form, completed in entirety, to:

Hussmann Warranty Claims  
12999 St. Charles Rock Road  
Bridgeton, MO 63044

Phone: (800) 398-7402

Fax: (866) 955-7053

## Contractor/Vendor

Company Name:	<input type="text"/>	Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Contact Name:	<input type="text"/>	Phone:	( <input type="text"/> ) - <input type="text"/>	fax:	( <input type="text"/> ) - <input type="text"/>				

## Claim Invoice Information

Labor Rate:	<input type="text"/>	Regular Time:	<input type="text"/>	Tax on labor (if applicable in your state):	<input type="text"/>
Invoice Amt:	<input type="text"/>	Over time:	<input type="text"/>	Reason for Overtime hours:	<input type="text"/>

## Equipment location:

Store Name:	<input type="text"/>	Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Store #:	<input type="text"/>								

## Equipment Description

Model:	<input type="text"/>	Serial #:	<input type="text"/>	Additional S/N's (Continue on back of form if needed): <input type="text"/>
		Install Date:	<input type="text"/>	
	<input type="text"/>	New / Remodel (circle one)		

## Problem/Repair Description: (must not use broke/defective/not working) looking for description of broke/defective/not working

Causal Part #	<input type="text"/>	Description:	<input type="text"/>
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Installed Part #	<input type="text"/>	Description:	<input type="text"/>
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## If Compressor Replacement:

(Must attach New compressor Purchase Invoice, Include any applicable core credit)

Old Compressor Model:	<input type="text"/>	New Compressor Model:	<input type="text"/>
Old Compressor S/N:	<input type="text"/>	Old Compressor S/N:	<input type="text"/>

## If Door/Frame Replacement for Equipment:

(Must list the door/frame S/N in addition to the case S/N) - Not required on Walk-in Applications

Submit this form, completed in detail, along with the service or work ticket, and invoices, to the address above. Each request is subject to audit and approval by Hussmann Corporation. All work tickets and supporting documentation including itemization of labor, materials and expenses are to be attached to this form. All documentation must be submitted no later than 45 days after the repair to be considered valid for payment. Replacement parts or parts credit must be obtained through the respective manufacturing facility or authorized parts depot. -- Also, any parts removed and replaced during repair should be held for 30 days after the claim has been paid as Hussmann reserves the right to request the part for return. If equipment is received damaged, please contact your Hussmann Representative to place a claim with the freight carrier. Please make a note if someone other than contractor is requesting payment.