

COMPRESSOR FORM		
Hussmann Equipment Serial Number		
INOPERATIVE COMPRESSOR INFORMATION		
Compressor Manufacturer		
Compressor Model Number		
Compressor Serial Number		
Compressor Install Date		
Compressor Fail Date		
Refrigerant Type		
INOPERATIVE COMPRESSOR FAILURE INFORMATION (Choose one that applies)		
Seized	<input type="checkbox"/>	
Noisy	<input type="checkbox"/>	
Won't Start	<input type="checkbox"/>	
Grounded	<input type="checkbox"/>	
Low Capacity	<input type="checkbox"/>	
Other (must provide reason in detail)	<input type="checkbox"/>	
REPLACEMENT COMPRESSOR INFORMATION		
Compressor Manufacturer		
Compressor Model Number		
Compressor Serial Number		
Wholesaler Name		
Wholesaler Address		
Date returned/exchanged at Wholesaler		
<p>All fields must be completed. A photo of the compressor tags (old and new) must be provided with claim. The photos must be clear and readable and include the whole tag. All numbers will need to be readable to verify the correct and original compressor was still on the Hussmann equipment. Claims filed without this form and photos of the compressor tags will be denied.</p>		