

CONNECTED EQUIPMENT WARRANTY CLAIM KIT

IMPORTANT: *The claim will be considered invalid and void if all the parts to the claim kit are not completed.*

Claim Kit Check List:

- Connected Equipment Claim Form Completely Filled Out
- Equipment Diagram
- Proof of purchase (Of replaced damaged Connected Equipment)
- Signed Affidavit Statement

Claimant Information

IMPORTANT: (* required fields)

- * Claim Date: _____
- * ITW Linx Part Number(s): _____
- * First Name: _____
- * Last Name: _____
- * Physical Address (Where Protector Was Installed): _____
- * City: _____
- * State / Province: _____
- * Country: _____
- * Email Address: _____
- * Daytime Phone: _____
- * Evening Phone: _____
- * ITW Linx Protector Purchased From (Name of Company): _____
- * Purchase Location (Address): _____
- * Purchase Date: _____
- * Date of Incident: _____
- * Description of Incident / Damage Occurrence (Please limit to 500 Characters): _____

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Insurance Information

IMPORTANT: (* required fields)

* Do you have Homeowners', Renter's or any other form of applicable insurance policies? Y N

* If Yes, who is your insurance company? _____

* Are you filing a claim? Y N

If yes, what is your deductible? _____ Claim Number: _____

Name of Insurance Rep: _____

Surge Protectors Installed at the Claim Site

* Manufacturer	* Part Number	* Model Number	* Damaged? (Y/N)	* Cost (in US\$)
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	\$ _____

Connected Devices

Please fill out the following list of the devices damaged while properly connected to the ITW Linx surge protector(s). The claim is only valid for the items and surge protectors listed. Any deviation will result in the cancellation or delay of processing the claim. The below information should be conveyed on the equipment diagram as well.

Connected Devices:

* Manufacturer	* Part Number	* Model Number	* Serial Number	* Damaged? (Y/N)	* Cost (in US\$)
1. _____	_____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	_____	\$ _____

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Connected Equipment Warranty Claim Questionnaire

IMPORTANT: (* required fields)

How old is the Building where the protection was located? _____

- | | | | |
|---|-----|----|------------|
| * Was the protection or connected equipment located outside? | Yes | No | Don't Know |
| * Do the communications lines leave the building to another site? | Yes | No | Don't Know |
| * Are the AC outlets grounded (three prong)? | Yes | No | Don't Know |
| * On AC products, were all LEDs/lights green prior to the current incident? | Yes | No | Don't Know |
| * Was there inclement weather? | Yes | No | Don't Know |
| * Was there construction in the area? | Yes | No | Don't Know |
| * Was there power line damage? | Yes | No | Don't Know |
| * Did your neighbors experience similar problems? | Yes | No | Don't Know |
| * Has the equipment suffered similar damage prior to adding surge protection? | Yes | No | Don't Know |
| * Were there any power outages? | Yes | No | Don't Know |
| * Are you using a UPS anywhere in the connected path? | Yes | No | Don't Know |

If yes, who is the manufacturer? _____

- | | | | |
|--|-----|----|------------|
| * Are you using surge protection from any manufacturer other than ITW Linx on the connected equipment? | Yes | No | Don't Know |
|--|-----|----|------------|

If yes, list manufacturer. _____

- | | | | |
|---|-----|----|------------|
| * Have you spoken to someone in tech support or customer service at ITW Linx? | Yes | No | Don't Know |
|---|-----|----|------------|

If yes, then name(s). _____

Complete filling out the form and fax to ITW Linx at 1.630.315.2155.

Any questions, please contact ITW Linx customer service at 1.800.336.5469 / 1.630.315.2150.

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Equipment Diagram

IMPORTANT: (* required fields)

* In the space below, please provide a detailed diagram of how the equipment was connected to the ITW Linx surge protector. Please include all lines going into and out of the connected equipment (data, telecom, coax, AC, ground) and illustrate any lines going into or out of the building.

IMPORTANT: *Failure to provide adequate information may result in the cancellation or delay of your claim.*

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Affidavit Statement

IMPORTANT: (* required fields)

* I _____ (first name, last name), the undersigned, attest that all statements and references made in this Warranty Claim Kit are correct, true, and not misrepresented in any way. If any information I have supplied is incorrect, deemed false or fraudulent, I understand that ITW Linx may officially close or deny my claim at any time.

Further, I _____ (first name, last name) accept the following conditions:

1. Claims must be received by ITW Linx within 30 days of the damage occurrence.
2. Returned Claim Kits must include, with all required fields completed, the Claims Questionnaire, Equipment Diagram, signed Affidavit Statement, Proof of Purchase and RMA # for the surge protector or ITW Linx may terminate the claim. ITW Linx is not responsible for lost or undelivered Claim Kits.
3. If ITW Linx does not receive the Claim Kit within 30 days of issuing the RMA, ITW Linx will consider the claim closed.
4. All goods returned to ITW Linx will become the property of ITW Linx and will not be returned.
5. I understand and accept that the ITW Linx finding in my case is final.

* Print Name: _____

* Signature: _____

* Date: _____

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