

Product Evaluation Form



PLEASE PRINT CLEARLY

Claim #:
Office Use Only

Claimant Information

Claim Date: _____

Name: _____ Company: _____
Address: _____ Apt / Suite: _____
City: _____ State: _____ Postal Code: _____
E-Mail: _____ Phone #: _____ Fax #: _____

Application Information

Year / Make / Model: _____
V.I.N. #: _____ # of Cylinders: _____ Cubic Inch Displacement/Liters: _____

Product Information

Brand: _____ Part / Model #: _____ Date Code: _____ «Date_Code»
Place Purchased: _____

Installation Information

Date Installed: _____ Date Failure Occurred: _____
Mileage at _____ Mileage at Time of Failure: _____
Installed By: _____

Description of Failure

Does vehicle require repair? Yes No

Amount you are claiming: _____ Include itemized costs and receipts/estimate. (Parts / Labor)

Our testing and evaluation sometimes requires disassembling or cutting open the product. ***If you do not want the product altered, you may check this box, but be aware that this will limit our ability to fully evaluate your claim:***

This form must be fully completed, signed and returned in order to process your claim. You have 30 days to file a claim.

Claimant Signature: _____ Date: _____



Claim

C

Trico Group, 1600 North Union Street, Fostoria, Ohio 44830