PREMIUM GUARD INC.

Claim Form

Return Claims to:
Premium Guard
230 E Walnut St
Albion, IL 62806
Phone: (800) 225-8636
Fax: (508) 822-9628

Date: _____

Assigned Claim #: _____

Store #: _____

Your Distributor:	

Vehicle Owner Information	**Installer Information**
Name:	Company Name:
Address:	Contact:
City:	Address:
State:	City:
Zip	State: Zip:
Phone:	Phone:

Vehicle Information		
Make:	Model:	Year:
Engine:	Transmission:	Vin Number:

Product Information		
Part Number:	Date Code:	Was part Installed:
Date of Installation:	Date of Failure:	Purchase Location:
Mileage at Installation:	Mileage at Failure:	Quantity:

Claim Information	
Nature of Claim:	
Does the Vehicle Require Repair? **YES** **NO**	**If "YES," give dollar value: $**
Signature of Claimant: Date:	

Note: All monetary claims require documentation supporting the costs associated with the claim.