

Claims Process

<https://www.semcohvac.com/claim-form>

- 1 Locate the system label located on the panel (FIGURE 1) or duct (FIGURE 2).
- 2 Go online to find the claim form at <https://www.semcohvac.com/claim-form>
- 3 Fill out the online claim form and click submit (FIGURE 3).

The information needed to fill out the form can be found on the system label on the panel (FIGURE 1) or duct (FIGURE 2).

- 4 You will receive an email confirmation of your claim request.

PANEL MARK :

101234

101234-2-1

PANTEX PLANT

SEMCO INCORPORATED - 1800 East Pointe Drive - Columbia, MO 65201
PHONE 573-443-1481 FAX 573-443-6921

7

B

FIGURE 1: Panel System Label

Mfg. by SEMCO Duct & Acoustical Products, Inc.
(SMWIA Local #100) at Roanoke, VA

Job #: 101234-2-1

Plate: 1 Piece: 1 Ga: 24

Qty = 1

Block: 13.000 x 37.907

Desc: TR

SINGLE WALL

Dims: 12 10 8

MALE MALE MALE

/BRL=5/CH=1/CL=5.5/CA=90

Mark: SA12/D100.3/2ND/B

Item #: 1

Order: 101234

ABC

FIGURE 2: Duct System Label

1

2

3

Claim Details

Product/ Equipment Location

Ship to Address

Project Contact Email *

Date Issue Was Found *

Email

Date Issue Was Found

Model Number *

Unit Serial Number *

Model Number

Unit Serial Number

Product Category *

Failure Category *

Please select

Please select

Next

1

2

3

Product/ Equipment Location

Ship to Address

Project Contact First Name *

Project Contact Last Name *

Project Contact First Name

Project Contact Last Name

Project Name *

Street Address *

Project Name

Street Address

State/Region *

Postal Code *

Please select

Postal Code

Country/Region *

Country/Region

PreviousNext

1

2

3

Ship to Address

Shipping Name *

Shipping Address *

Shipping City *

Postal Code *

Shipping Country/Region *

Shipping Phone Number *

Shipping Name

Shipping Address

Shipping City

Postal Code

Shipping Country/Region

Shipping Phone Number

Failure Description

Please provide a detailed description of the failure

Include MARK from system label(s) here

FIGURE 3: Online Claim Form