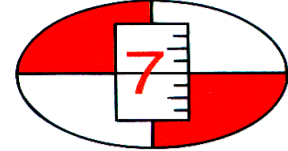


Product Submission Form

# Donan Engineering Co., Inc. Appliance and Component Testing Laboratory



11321 Plantside Drive  
Louisville, Kentucky 40299  
email: driggs@donan.com

Phone: 502-267-6976  
Toll-Free: 800-814-7503  
FAX: 502-267-6973

Contacts: Russell Zeckner, P.E., C.F.E.I.  
David Riggs  
Renee Taylor, Admin

### Shipping Information

Date Shipped to Donan: \_\_\_\_\_ Shipped via: \_\_\_\_\_

### Billing Information

Company: \_\_\_\_\_  
Adjuster: \_\_\_\_\_  
Address: \_\_\_\_\_  
(no P.O. Boxes please)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

### Claim Information

Claim Number: \_\_\_\_\_ D.O.L.: \_\_\_\_\_  
Insured's Name: \_\_\_\_\_  
Insured's Address: \_\_\_\_\_  
Insured's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

### Product Information

Item Description: \_\_\_\_\_  
No. of separate parts sent: \_\_\_\_\_  
Brand or Manufacturer\*: \_\_\_\_\_ Model\*: \_\_\_\_\_  
Serial Number\*: \_\_\_\_\_  
From what location was part collected: \_\_\_\_\_  
Date of Collection: \_\_\_\_\_ Age of House or Remodeling\*: \_\_\_\_\_  
Place of Purchase\*: \_\_\_\_\_ Phone\*: \_\_\_\_\_  
Date of Purchase\*: \_\_\_\_\_ Date of Installation\*: \_\_\_\_\_  
\*Please provide if known and appropriate

### Failure and Testing Information

Describe the failure and its consequences: \_\_\_\_\_  
What do you wish to determine?: \_\_\_\_\_  
Do you plan subrogation?: YES NO ? Has the manufacturer been put "on notice"?: YES NO Can Donan perform destructive testing?: YES NO