



Globe Technologies Corporation
Product Claim Form

In order to review your claim the following information must be obtained. Please provide answers to the following questions to the best of your ability. All claims will be reviewed for Customers of Globe Technologies. Please provide proof of purchase documents along with claim.

Installer (Who installed the Fusible Link):

Company:
Address:
City: State: Zip Code:
Telephone: ( ) - Fax: ( ) -
Supplier of the link: (Where did the installer procure the link?)

Location: (Where the Fusible Link was installed):

Company:
Address:
City: State: Zip Code:
Telephone: ( ) - Fax: ( ) -

Type of System:

Type of System (if special hazard extinguishing system see form Claim Form 1):
[ ] Fire / Smoke Damper [ ] Fire Door [ ] Smoke Hatch [ ] Other Please Specify:
System Manufacturer and Model Number:

Inspected: [ ] Annually [ ] Semi-Annually [ ] Other:

Inspection type: [ ] Internal [ ] External

Amount of Claim: (In Dollars)

\*Receipts are required to substantiate claim amount above.

Fusible Link Information:

Fusible Link Type: Temperature: ° F
Applied Tension on the Link: ( In Pounds)
Ambient or Surrounding Temperature: (° F)
Date of Installation: / / Date of System Release: / /

Other Comments:

This form along with all the fusible link components and receipts should be sent to Globe Technologies- Attn: Claim at the Post Office Box listed below. Our conclusions will be provided to your company for review within two weeks from the date we receive the information. We thank you for your patience.

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