



# Repair Service Agreement (RSA) Claim for Food Loss

If you experienced an outage that resulted from a covered functional failure (as outlined in the RSA terms and conditions you received at the time of purchase), you may file a claim for the loss of food that spoiled due to lack of refrigeration.

- The refrigerator or freezer must be covered by an active RSA plan to qualify.
- Claim must include an itemized list and the total dollar amount of the loss.
- Reimbursement is limited to perishable foods only, for a maximum payout of \$150 for refrigerators and \$250 for stand-alone freezers.

Claims for reimbursement for losses sustained as a result of power outages caused by storms or conditions other than a covered functional failure will not be paid.

Name: \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Model/Serial#: \_\_\_\_\_

Date and Time Unit found inoperable: \_\_\_\_\_

**List only perishable foods that were spoiled.**

Type of Food	Quantity	Cost

(Continue on a separate sheet if necessary)

Total Amount of Loss: \$ \_\_\_\_\_.

Please allow 30 days for review and processing of your claim.

All the information provided on this claim form is true and accurate to the best of my knowledge and represents my actual losses.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**Certification by Conn's Authorized Representative**

I hereby certify that the food loss detailed above was a result of a functional failure as outlined in the RSA terms and conditions.

\_\_\_\_\_  
Technician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work Order Number