

Addison HVAC Quote Request Form

Job Name / PO	Rep Name & Phone Number:	Rep Email:	Date:
Hilo Sack N Save #21	Mike Stewart	mstewart@airtreatment.com	10/3/2022
Company Name	Program	Trinity Acct # / New Account	Multiplier (if known)
Air Treatment Corp	Addison	12399	0.5294

Equipment & Coverage Information

Equipment Information	EQUIPMENT 1	EQUIPMENT 2	EQUIPMENT 3	EQUIPMENT 4
Quantity of Equipment or Systems to be Covered	TBD			
New or Existing Equipment (if existing, list age of equipment)	New			
Equipment Type (AC Condenser, Furnace etc.)	Split System - Commercial			
Type of Unit (Air Cooled, Water Cooled, Air Source Heat Pump, Water Source Heat Pump, Air Handler Only)				
Application (A/C, Refrigeration, etc.)	DOAS			
Equipment Size (HP, KW, tons, etc.)	17.5			
Existing OEM Coverage (1yr labor, 5 yr parts, Compressor, HEX etc.)	1 yr parts / 5 yr compressor			
Number of Compressors	2			
Type of Single Circuit Compressor (Fixed Speed Scroll with HGB, Digital Scroll, Variable Speed Scroll with VFD, NONE)	1-Single Digital Scroll			
Is the Single Circuit Compressor Tandem?				
Type of Dual Circuit Compressor (Fixed Speed Scroll with HGB, Digital Scroll, Variable Speed Scroll with VFD, NONE)	1-Single scroll dual circuit			
Is the Dual Circuit Compressor Tandem?				
Heat Type (Gas, Electric, Hot Water or Steam Coil)	Gas			
Sizes of compressors				
Does the unit have Mixed Air Dampers?	Yes			
Does the unit have HGR?	Yes			
Does the unit have Liquid Sub-Cooling?	Yes			
Does the unit have an Energy Recovery Wheel?				
Coverage Information	EQUIPMENT 1	EQUIPMENT 2	EQUIPMENT 3	EQUIPMENT 4
Parts and/or Labor Term (1yr, 5yr, 10yr, etc.)				
Parts Coverage Needed (2nd-5th year, 6th-10th year, etc.)				
Labor Coverage Needed (1yr, 5yr, 10yr, etc.)				
Labor Start (31st day, 91st day, 366th day, etc.)				
Compressor Coverage (Yes, No), If yes, list coverage term				
Labor Rate for Reimbursement (\$75/\$100/\$125/Etc.)				
Trip Charge / Rate (Same as Labor Rate or if not, List Rate)				
Process Allowance/Parts Mark-up (\$35 Resid, Tiered Commerc, Other, None)				
Refrigerant Type (if included) - R410A, R404A, R-22 etc.				
Additional Information				

PLEASE COMPLETE THIS FORM ELECTRONICALLY AND EMAIL IT TO QUOTES@TRINITYWARRANTY.COM



Please allow up to 48 hours for the quote to be processed. If you have questions filling out this form, please contact your sales rep or call 877-302-5072.

Trinity Warranty Solutions, PO Box 5640, Villa Park, IL 60181