



WARRANTY EVALUATION REQUEST FORM

This is NOT an authorization for repair. All claims are subject to management review before approval.

Fill out form completely. Submit online, or via email, fax or mail. Include receipts, photographs or documentation. Konrad will confirm receipt
Email: warranty@konradmarine.com; fax: 715-386-4219; or mail: Konrad Marine ATTN: Warranty Dept. 1421 Hanley Rd. Hudson, WI 54016.

Contact Information:

Your company claim or repair order number

Repair Facility:

Date of Request:

Contact Name:

Email Address:

Address 1:

Phone Number:

Address 2:

City:

State/Province:

Zip/Postal Code:

Country:

Konrad Equipment Information:

Was the Warranty Registration form sent to Konrad?

Stern Drive Model:

Location on vessel:

Please fill in one of the affected drive serial numbers T: D: G:

Are additional drives affected? Yes No

Transmission Serial Number:

Location on vessel:

Are additional transmissions affected? Yes No

Number Engine Hours:

Application Information:

Vessel Name:

Customer Name:

Description of Customers Concern: *(attach photos if possible)*

Description of Estimated Repair Work Needed *(submit additional sheet if necessary):*

Signature *(Electronic Submission - Signature)*

Date

WARRANTY EVALUATION / CASE NUMBER _____
(Konrad will assign)