



Case #:

Dealer Information

Dealer Name:

Contact:

LCI Dealer#

Phone:

E-Mail:

Address:

State:

City:

Zip:

Retail Customer Information

Retail Name:

Phone:

Cell:

E-Mail:

Address:

State:

City:

Zip:



Case #:

Coach Information

Complete VIN:

Model #:

OEM:

DOM:

Make:

DOP:

Claim Information

LCI Part Invoice#:

Parts Cost:

Labor Time (Hrs):

Parts Markup:

Labor Rate (US \$):

Freight Total:

Total (Time X Rate):

Repair Completion Date:

Total = Parts + Labor + Freight:

Claim Description

To Submit Warranty Claim Form:
E-mail: customerservice@lci1.com
NOTE: Dealers with open cases, to ensure expedited processing, please submit your claim by replying to the existing email chain for your specific case.
Mail: 1701 Century Drive, Goshen, IN 46528

Signature

Date: