



# Mitsubishi Electric Cooling & Heating USA Dealer Enrollment Form for Diamond Dealers

We do not sell, trade or rent your personal information to any third party. The information is collected primarily to ensure that we are able to fulfill your requirements.

Date of Enrollment: \_\_\_\_\_ Default \_\_\_\_\_ (Date enrollment is received by AIG or postmarked via US mail.)

Items in **bold** are required.

## Dealer Information

**Company Name:** \_\_\_\_\_

**Company Owner:** \_\_\_\_\_  
(Company Contact) (First) (Last)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Country:**  USA

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

## Distributor Information

**Primary Wholesale Distributor Name:** \_\_\_\_\_ **Dealer ID:** \_\_\_\_\_

## Company Contacts

**Accounts Payable Contact:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Service Manager Contact:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Coverage Area Zip Codes:** \_\_\_\_\_

## Service Department Information

**Hours of Operation** SUN: \_\_\_\_\_ MON: \_\_\_\_\_ TUES: \_\_\_\_\_ WED: \_\_\_\_\_ THUR: \_\_\_\_\_ FRI: \_\_\_\_\_ SAT: \_\_\_\_\_

**Number of Sales Staff:** \_\_\_\_\_ **Number of Service Technicians:** \_\_\_\_\_

**Phone During Business Hours:** \_\_\_\_\_ **Phone After Business Hours:** \_\_\_\_\_

## Insurance Documents

*Prior to becoming an authorized AIG servicer, servicer must provide AIG with a copy of its current Certificate of Insurance, which shows workers compensation and general liability insurance of no less than \$500,000.00 (USD). If you are a part of our dispatch service network, workers compensation and general liability insurance must be no less than \$1,500,000.00 (USD).*

**AIG's name and address must be shown as certificate holder. AIG, 650 Missouri Ave., Jeffersonville, IN 47130.**

**General Liability:**  I have included a copy of my general liability insurance of no less than \$500,000.00

**Workman's Compensation (select one):**  I have included a copy of my workers' compensation insurance.

My state does not require workers' compensation by law and I have \_\_\_\_\_ employees.

## Federal & Licensing Documents

**Federal Licensing:**  I have included a copy of my W-9 Form and my FEIN/SSN is \_\_\_\_\_

*A service warranty license and agent appointment is required in the State of Florida in order to sell service warranties. This is required for all FL and any non-FL dealer/distributor selling to a FL customer. This number is subject to verification.*

**Florida 2-52 License (select one):**  I have included a copy of my Florida 2-52 license. My 2-52 License number is \_\_\_\_\_

I do not sell to consumers in Florida and to the best of my knowledge this requirement does not apply to me.

## Dealer Terms and Conditions

I certify that the information contained in this section is true and complete to the best of my knowledge and that I have read the accompanying servicing installer terms and conditions that apply to this enrollment form.

**Owner/Manager Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please fax this completed form and supporting documentation to AIG at 866-212-3750**

Alternative Submission Options: Mail or email this completed form to AIG

Attention HVAC Support • PO Box 928 • Jeffersonville, IN 47130 • (t) 866-244-9985 • (f) 866-212-3750 • HVACSupport@sndirect.com