

Once submitted, a member of our team will contact you and a formalized contract will be sent to you, along with the appropriate terms and conditions.

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First Name	Last Name	Telephone Number				
Street Address	City, State, Zip Code	Email Address				
Select Desired Extended Warranty Covera	ge Option					
O Powertrain 6	O Powertrain 6 Mo. 500 Hr. O Powertrain 12 Mo. 1,000 Hr.					
O Powertrain + H	yd 6 Mo. 500 Hr. O Powertra	ain + Hyd 12 Mo. 1,000 Hr.				
In order to facilitate the extended warrant Please list your top three choices for servi		tified for future repairs and/or claims processes.				
EQUIPMENT INFORMATION						
Make Model	Serial Number	Year Hours				

A submission of this form, completed in its entirety, will initiate the process of purchasing and enrolling the above unit in the Protect My Crane® Extended Warranty program. This form is for informational purposes only, and will help to inform your account representative of you and your machine. NOTE: This form MUST be submitted by clicking the "Submit" button below, and emailing the form to our team at support@adiagency.com. If you are having any difficulties, please call our team at (866) 662-0995, and we will be able to assist you. Please save and/or print a copy of this form for your records.