

1. Locate the system label located on the unit.
2. Click on this link to go to the claim form:
<https://info.semcohvac.com/claim-form>
3. Fill out the online claim form . The information needed to fill out the form can be found on the unit lable. Click “Send Now” when completed.
4. You will receive an email confirmation regarding your claim request.

If you need to contact the claims department, call 573-443-1481 and ask for the Claims Department.

Unit Label



Online Claim Form

Email*

Claim Number (SEMCO Use Only) **Date Issue Was Found**

Model Number **Product Category** **Unit Serial Number**

Please Select

Failure Category

Please Select

Product/Equipment Location

First name **Last name**

Street address

State/Region

Please Select