


INSTRUCTIONS FOR COMPLETING AND SUBMITTING THE “BURNHAM WINTER WARMTH ASSURANCE PLAN APPLICATION”

1. Select Plan term by checking either “Ten Year Plan” or “Five Year Plan”.
2. Enter the complete name, address and phone number of the homeowner purchasing the “Burnham Winter Warmth Assurance Plan”.
3. Enter date of purchase of the Boiler.
4. Enter boiler model number and size.
5. Enter boiler serial number.
6. Enter any accessories by listing part number and description.
7. Obtain the homeowner’s signature and date, at the time of completion of the Application.
8. Enter your complete company name and address information.
9. Be sure to enter your “Dealer Identification Number” assigned by TAW and found on your Contractor Welcome Letter. Please sign and date at the bottom by “Dealer Signature” and “Date”.
10. Be certain to submit the proper remittance!

IMPORTANT: Send your completed Application and full remittance to:

Burnham Plan Administrator
Eastway Plaza
1899 Tate Boulevard, SE – Suite 2110
Hickory, NC 28602



**BURNHAM WINTER WARMTH ASSURANCE
PLAN APPLICATION**

Note: Press firmly to make sure each copy is completely legible.
Send all completed forms to: Burnham Plan Administrator
1899 Tate Boulevard, SE – Suite 2110
Hickory, NC 28602

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TEN YEAR PLAN **FIVE YEAR PLAN**

HOMEOWNER INFORMATION:

CUSTOMER LAST NAME _____ ①

CUSTOMER FIRST NAME _____ ②

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

AREA CODE _____ TELEPHONE NUMBER _____ DATE OF PURCHASE _____ ③

BOILER MODEL NUMBER AND SIZE _____ ④ BOILER SERIAL NUMBER _____ ⑤

Accessories: LIST BY PART NO. AND DESCRIPTION

PART NO.	DESCRIPTION	PART NO.	DESCRIPTION
_____	_____ ⑥	_____	_____
_____	_____	_____	_____

HOMEOWNER SIGNATURE _____ ⑦ Date _____

Homeowner should receive a warranty certificate from the administrator, TAW, Inc. within sixty (60) days. If you do not, contact TAW at (800) 824-5090.

DEALER INFORMATION:

DEALER NAME _____ ⑧

DEALER MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

AREA CODE _____ TELEPHONE NUMBER _____ DEALER IDENTIFICATION NUMBER _____ ⑨

DEALER SIGNATURE: _____ DATE: _____

TAW, INC. APPROVAL: _____ DATE: _____