

**LIMITED FIVE YEAR COMPRESSOR PART ONLY WARRANTY COVERING
ISLANDAIRE THRU-WALL AIR CONDITIONERS & HEAT PUMPS**

THIS WARRANTY APPLIES TO THE AIR CONDITIONER UNIT ("THE UNIT") THAT IS THE SUBJECT OF THIS SALE AND IS IN LIEU OF ALL OTHER WARRANTIES EXPRESSED OR IMPLIED. THIS WARRANTY DOES NOT APPLY TO ANY ACCESSORY THAT IS NOT A PART OF THE UNIT AS SHIPPED BY ISLANDAIRE THIS WARRANTY APPLIES ONLY TO THE ORIGINAL EQUIPMENT AT THE ORIGINAL INSTALLATION LOCATION. PROOF OF PROPER, ROUTINE MAINTENANCE WILL BE REQUIRED IN ORDER TO MAINTAIN EXTENDED WARRANTY.

ISLANDAIRE the "Company" of East Setauket, New York warrants that the unit is free from defects in material and workmanship under normal use and service, for the twelve-month period following the date of installation*.

WARRANTY Coverage includes replacement of the Compressor Part-Only that fails under normal use for the five year period following the date of equipment installation* under the terms, conditions and limitations of the warranty. All defective parts shall be returned within thirty days after removal to the Company at such locations as the Company may designate. Islandaire reserves the right to impose an inspection charge and/or a restocking fee in cases where parts or equipment have been improperly returned as defective and/ or as being in warranty. **A warranty part can only be replaced one time over the duration of the warranty period.**

WARRANTY coverage also includes Labor Charges on all covered repairs performed by an Islandaire Authorized Service Company in accordance with the terms, conditions and limitations of the warranty. Extra charges such as emergency calls, nuisance calls, mileage, overtime or shipping are not covered. Check, test, and start by an experienced person are the responsibility of the installing contractor. Check, test and start shall include physically operating each unit in both cooling and heating modes and correcting any minor deficiencies noted. On occasion, wires may become disconnected or components may be dislodged from their bases as a result of rough handling during transport, causing improper functioning of the unit. Correction of these minor conditions is part of Check, Test, and Start.

This WARRANTY shall not obligate the Company to bear the cost of labor in replacing any assembly or component part of the unit, nor does the Company assume any liability or responsibility for secondary charges, expenses for installation or removal or for lost profits or consequential damages.

IN NO EVENT SHALL THE COMPANY'S MAXIMUM LIABILITY EXCEED THE SELLING PRICE OF THE UNIT CLAIMED TO BE DEFECTIVE

As a condition precedent to the Company's obligation under this WARRANTY, it shall be the obligation of the Owner during the designated WARRANTY period to furnish the following information to the Company within three days after unit failure: 1) Model Number and Serial Number of unit involved, 2) A full and complete description of the problem encountered with the unit. Upon receipt of the above information, the Company will reply to the Owner within a period not to exceed fifteen working days, with a description of the action the Company desires to take.

Contact the Islandaire Customer Service Department at 800-886-2759.

To validate this WARRANTY, you must complete the registration information below and return the pre-addressed card to Islandaire within seven days of equipment installation. The actual warranty type for your equipment is stated on the original Islandaire invoice for said equipment. Proof of installation date is required. ***Please be advised where no Warranty Registration Card has been returned, the original date of invoice of the equipment shall become the start date of the warranty period.**

For your convenience, be sure to record your product information where indicated:

Model: _____ Serial Number: _____ Date Installed: _____

WARRANTY REGISTRATION FOR ISLANDAIRE

Owner Name: _____ Warranty Code: **WARR ISL 5C**

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Owner Email Address: _____

Physical Address of Installation of Equipment: _____

City: _____ State/ Province: _____ Postal Code: _____

Installing Contractor Name: _____ Phone: _____

Model #: _____ Serial #: _____ Date Installed: _____