

**HEATING                      AIR CONDITIONING**  
**MAIN OFFICE: 14522-A LEE RD. CHANTILLY, VA 20151 703-378-3200 FAX: 703-378-3228**  
**VA STATE CLASS A LICENSE NO. 2701 020859A, MD HVAC LICENSE NO. 2272785**

## **PREVENTIVE MAINTENANCE PROTECTION PLAN**

In consideration of the sum of \$\_\_\_\_\_ Jones-Rogers, Inc. will provide Preventive Maintenance 2 times per year during normal working hours Monday thru Friday 8:00 AM to 5:00 PM, Sundays and holidays excluded.

This Extended Protection Plan begins \_\_\_\_\_ and ends \_\_\_\_\_

### **AIR CONDITIONER/HEAT PUMP UNIT:**

Make: \_\_\_\_\_ Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
Make: \_\_\_\_\_ Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_

### **AIR HANDLER/COIL:**

Make: \_\_\_\_\_ Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
Make: \_\_\_\_\_ Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_

### **FURNACE/BOILER:**

Make: \_\_\_\_\_ Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
Make: \_\_\_\_\_ Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_

### **Preventative maintenance:**

It is the recommendation of utilities and manufacturers to have regular preventive maintenance. The benefit of regularly scheduled preventive maintenance to you is that it prolongs equipment life, can reduce the extent or frequency of failures, and helps contain fuel bills. A service agreement also gives you priority service over non-agreement customers should you experience a breakdown. Finally, you get peace of mind by having trained professionals check to make sure your home comfort appliances are safe to operate.

The following work is done on equipment listed above;

Check All Wiring & Connections, Tighten as needed.  
Check Contactor & Relays  
Check Heat Exchanger & Burners  
Check Operating Pressures & Temperatures  
Check Flue Draft & Piping  
Inspect \* Condensor Coil  
Check Gas Valve Opening  
Change Standard Size Air Filter (16x20x1, 16x25x1, 20x20x1, 20x25x1)  
Check For Gas Leaks  
Check Pilot, Ignition & Flam  
Inspect & Flush Condensate Drains  
Check Fan/Blower and Belts  
Inspect \* Indoor Coil if Accessible  
Check all Safeties  
Make Necessary Recommendations.  
Check Thermostat



**Terms and conditions:** (See Reverse Side)

Customer Signature:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
binding

Rogers, Inc

Phone: (H)

(W) \_\_\_\_\_

Company Representative

**Final Acceptance:** Proposal not

till signed by an officer of Jones-

Authorized Signature/Date

Note: This proposal may be withdrawn by us if not accepted within \_ days.

**\* TYPE C \***