



## CLAIM FORM & INSPECTION REPORT

Distributor Name:

Date Submitted:

Claim ID#:

**We need and appreciate your assistance with the following information:**

1. Fill out the claim report completely with as many details as possible
2. Attach several photos showing the full room & claim in detail: (required)
3. Attach dealer invoice (required)
4. Enclose samples of flooring showing the full factory run date (required)
5. Include contact name and phone numbers of all parties involved
6. Include any applicable labor quotes, bids or invoices

|  |  |
|--|--|
| 1. Date of Installation                        |  |
| 2. Date of concern reported to Retailer        |  |
| 3. Date of Initial Inspection by Dist-Retailer |  |
| 4. Date of claim submitted to LM Rep           |  |
| 5. Date of claim received in LM office         |  |

| Retailer - Flooring Contractor                         |   |
|--|---|
| Contact Name: <input style="width: 90%;" type="text"/> |   |
| Address: <input style="width: 90%;" type="text"/>      |   |
| City: <input style="width: 90%;" type="text"/>         |   |
| State: <input style="width: 40%;" type="text"/>        | Zip: <input style="width: 40%;" type="text"/> |
| Phone: <input style="width: 40%;" type="text"/>        | Fax: <input style="width: 40%;" type="text"/> |

| Consumer   |   |
|--|---|
| Contact Name: <input style="width: 90%;" type="text"/> |   |
| Address: <input style="width: 90%;" type="text"/>      |   |
| City: <input style="width: 90%;" type="text"/>         |   |
| State: <input style="width: 40%;" type="text"/>        | Zip: <input style="width: 40%;" type="text"/> |
| Phone: <input style="width: 40%;" type="text"/>        | Fax: <input style="width: 40%;" type="text"/> |

|  |   |
|--|---|
| Date form completed: <input style="width: 90%;" type="text"/>    |   |
| Person completing form: <input style="width: 90%;" type="text"/> |   |
| Phone: <input style="width: 40%;" type="text"/>                  | Fax: <input style="width: 40%;" type="text"/> |

|   |  |
|---|--|
| Product name: <input style="width: 90%;" type="text"/>        |  |
| Item number: <input style="width: 90%;" type="text"/>         |  |
| Factory run number: <input style="width: 90%;" type="text"/>  |  |
| Job SF size: <input style="width: 90%;" type="text"/>         |  |
| Affected footage SF: <input style="width: 40%;" type="text"/> | (or) Board count: <input style="width: 40%;" type="text"/> |

**Insert (x) below where applicable**

**Installed Rooms:**

Kitchen     
  Entry     
  Dining     
  Living Family     
  Bedroom     
  Bath

**Install Method:**

Nail     
  Staple     
  Float     
  Glue

Adhesive name & item number:

Trowel size used:

**Subfloor**

OSB     
  Particleboard     
  Concrete     
  Plywood     
  Other

*Explain Other*

Was subfloor level to within a tolerance of 3/16" over 10' span?     
 Yes     
 No

**Type of construction:**

Pier & Beam     
 Slab     
 Basement     
 Crawl Space

**Type of heating system:**

Electric (Forced Air)     
 Gas     
 Radiant     
 Fireplace

Does home have: Dehumidifier (Y / N):

Does home have: Humidifier (Y / N):

Are there foundation vents (Y / N):

**Flooring installed by:**

Homeowner     
 Contractor     
 Wood Installer

**If defects are present, when were they noted:**

Prior to installation     
 After installation

## ADDITIONAL INFORMATION

Are samples enclosed Y / N:

Are photos attached Y / N:

Description of complaint:

Suggested action; Per Customary & Reasonable Industry Procedures (NWFA):

Does product measure true:  Width  Length      Moisture readings:  Product  Subfloor

Humidity in room:  Moisture Reading  Moist  Dry  Very Dry

Brand and type of floor care products being used:

Review check-off list:

Completed Form    Samples and/or Photos    Distributor Invoice to Retailer    Inspection Reports    Labor Estimate (if Applicable)

An on-site independent inspection may be required. Please be reminded that within this warranty it states that "Manufacturer reserves the right to determine with sole discretion, whether any item hereunder is defective or subject to an exclusion..." Manufacturer accepts no responsibility for costs incurred when a floor with visible defects has been installed.

## OFFICIAL USE ONLY

Date Received:

Accepted

Adjusted

Rejected

Action Recommended:

Notes: