

## Claim Form

Distributor	I el #					
Street						
City	State		_ Zip			
Retailer		Tel#				
Street		<del></del>				
City	State		_Zip			
Consumer		Tel#				
Street						
City_	State		_Zip			
<b>Product Information</b>						
Product name/description						
Cmada		Color				
Run number (code on end of packaging)						
<b>Purchase Information</b>						
Date purchased by consumer	Q	Quantity Purchased				
Date Installed	Quantity Installed					
Square Feet involved in Complaint						
Number of Planks Involved or % of Floo	or Affected					
(INCLUDE PHOTOS TO SUPPORT C	LAIMS)					
<u>Installation Information</u>						
Installed by (Check one) Retailer	Consumer	Consumer contr	acted installer			
Install method (Check one) Glued	Stapled	Nailed				
Type of Glue/Stapler/Nailer Used						
Type of Staple/Nail Used						
Rooms installed						
Air pressure of the compressor used						
Nailing/Stapling pattern						
Was stapler or nailer seated correctly in	nail bed?					
What is the joint spacing?						
What is the expansion left around perime	eter of room?					
(INCLUDE PHOTOS TO SUPPORT C	( AIMS)					

## **Subfloor Information**

Type (Check one) ConcretePlywo	odOSB Particle Board Other (specify)				
Grade (Check one) Below Grade	On Grade Above Grade				
Thickness	On Grade Above Grade Moisture Content of concrete/wood				
Inspection Information					
Moisture Content of Floor	(photographs of readings required)				
Top Reading	Bottom Reading  Temperature				
Type of moisture meter used					
Humidity Levels	Temperature				
Humidifier	Dehumidifier				
Type of heating system in the home					
Was HVAC up and running during ins	itall?				
Was job site existing or new construction	ion?				
How many people live in the home?					
Does the home have pets?					
Cleaning Information					
Cleaning products used					
Type of mon/cleaning device used					
How is the flooring maintained?					
Describe the cleaning regimen					
Is there a cleaning company?	How many days a week do they clean?				
Outdoor Information					
Outdoor Information					
Does water drain away from the home	? Is there a sprinkler system?				
Is the home near a lake?	Is there a pool?				
Is there a crawl space? Do	Is there a pool?  best he crawl space have sufficient cross ventilations?				
Is the crawl space 100% covered with	Polyethylene?				
Is there a basement in the home?					
Customer Complaint					
(What does the home owner perceive t	the problem to be?)				

Retailer Complaint	
(Make sure all measurements are noted)	
<b>Distributor Recommendation</b>	
(Make sure all measurements are noted)	
Have you included?  Prime Supply Invoice Distributor Invoice Labor Bill Samples of Claim Photographs Release Form	
Prime Supply Office Use Only  DeniedApproved FullPartial Amount \$ Credit Approved byAmount of Material \$ Amount of Labor \$ Other Amount \$ Total Claim Amount \$ Comments	
Signature Date	