

FLOOR SOURCE - CLAIM FORM

Date _____ Claim # _____

Company Filing Claim:

Name _____ Address _____

City _____ ST _____ Zip _____ Phone _____

Floor Source Invoice # _____ Invoice Date _____

Product is located at: Contact Name _____

Address _____

City _____ ST _____ Zip _____ Phone _____

Installer: _____

Address _____

City _____ ST _____ Zip _____ Phone _____

Product Name _____

SKU# _____ Square Ft _____

Date Delivered to Job _____ Acclimation Period _____

Date Installed _____ Date of Problem _____

Number of Pets _____ Adults _____ Children _____

Underlayment _____ Expansion Space _____ Crawl Space? _____

Grade Level _____ Moisture % of Flooring _____ Moisture % Substrate _____

Installation Method Nail/Staple _____ Glue _____ Float _____

Subfloor Type / Thickness _____ Subfloor Condition _____

Type of Heat/AC _____ Appliance/Plumbing/Flood Problem? _____

Claim Description/Comments: _____

Amount of Claim Requested (Please include backup invoices/estimates)

Product: _____

Labor: _____

Freight: _____

Total Claim: _____

Please download claim form and email completed form to claims@dsx.com.