Claim Form

End User Customer: Name: _____ Tel.No: _____

Address: _____ Email: _____

Installation Cmpany: Name: _____ Tel.No: _____

Address: _____ Fax No: _____

Dealer: Name: Dealers Supply Tel.No: 800-776-6655

Address: PO Box 2628, Durham, NC 27715 Email: claims@dsx.com

Product Name: _____ Kaindl Décor #: _____

Quantity Total Sq Ft:_____ Quantity in Claim involved Sq Ft:_____

(IMPORTANT) Production No. (see back side of a panel for laser inscription): _____

Invoice Date: _____ DS Invoice #:_____

Rooms Installed in (EX: living room, Dining Room, hall, etc): _____

What is the makeup of the Subfloor (concrete, plywood, etc): _____

Who Installed Flooring: _____ Were there any leaks or spills?_____

Claim Reason: _____

_____

Underlayment: BE SPECIFIC WITH BRAND, TYPE and SPECIFICATION?_____

Was a moisture reading taken before installation? yes ☐ no ☐

If yes, what was the recorded value ? _____ Measuring device type used: _____

How long were the laminate flooring panels acclimated before installation ? _____

Which glue was used for tongue-and-groove joints ? _____

How was the flooring laid : Floating ☐ Glued to the subfloor ☐

If glued down, what adhesive was used ? _____

Were expansion joints of 12mm minimum used?

- to all walls yes ☐ no ☐
- to heating pipes yes ☐ no ☐
- to door frames and thresholds yes ☐ no ☐
- to pillars and any other fixed elements (e.g. chimney) yes ☐ no ☐

How were the door stops secured: ☐ rough the laminate flooring ☐ on the wall

How were the base boards secured: ☐ through the laminate flooring ☐ on the wall

Are there expansion joints between rooms: yes ☐ no ☐ in the rooms:yes ☐ no ☐

Were transition strips used ? yes ☐ no ☐

Is there radiant heating in any of the rooms? yes ☐ no ☐

Is home temperature controlled and consistent at all times?_____

How is flooring maintained (floor cleaner, mop, etc)? _____

Has there been an independent certified inspection of the flooring? _____

What is the recommended resolution? _____

_____

Please include as many photographs of the affected area of the floor as possible. Including expansion gaps, thresholds, doorways, etc. Additionally, If possible, a picture of the back of a plank that clearly shows the laser inscription of the production code.

Date_____ Signature_____

The above signing party hereby confirms and verified the correctness of all answers given above.

Print Name: _____

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

T: 1-800-776-6655 | F: 1-800-249-6655 | PO Box 2628, Durham, NC 27715