



Claim Form

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

Date: _____ Inspection Date: _____ Inspected By: _____
When was concern noticed? Before Installation _____ During _____ After _____

Distributor: Dealer's Supply

Retailer _____	Installer _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____
Contact _____	Contact _____

Product Information

Product Name _____ Total Square Footage _____
Item # _____ Footage Involved in Concern _____
Product Code from Back of Plank _____

Requirements

Distributor Invoice # _____ Date _____
USGH Invoice # _____ Date _____

Customer Concerns

Site Information

Installation Date _____ Date Concern Was Noted _____

Please Mark All That Apply Below

Installation Method: _____
Building Type: _____
Subfloor: _____
Grade: _____
Crawl Space: _____
Basement: _____

Observations

Distributor Representative: Claims Administration
Phone: 1-800-249-6655
Email: claims@dsx.com