

# FLOOR SOURCE CLAIM FORM

Affective June 17,2019

\*Full claim process outlined on page 3

Date \_\_\_\_\_ Claim # \_\_\_\_\_

**Distributor Information:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

PO # \_\_\_\_\_ FST Invoice # \_\_\_\_\_ Invoice Date \_\_\_\_\_

**Retailer Information:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Consumer Information:** 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 \_\_\_\_\_

Date Homeowner Contacted Retailer \_\_\_\_\_

Claim Description/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the Dealer or Consumer Requesting? \_\_\_\_\_

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New Construction \_\_\_\_\_ Remodel \_\_\_\_\_

Adults \_\_\_\_\_ Children \_\_\_\_\_ Pets \_\_\_\_\_

Installation Areas \_\_\_\_\_

General Condition of the Floor \_\_\_\_\_

Humidification System

Operational Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_ Reading \_\_\_\_\_

Dehumidification System

Operational Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_ Reading \_\_\_\_\_

Room Temperature \_\_\_\_\_ Relative Humidity \_\_\_\_\_

Type of Heat System \_\_\_\_\_ Type of AC \_\_\_\_\_

Underlayment \_\_\_\_\_ Expansion Space \_\_\_\_\_ Crawl Space? \_\_\_\_\_

Grade Level \_\_\_\_\_ Sub Floor Type – Plywood \_\_\_\_\_ OSB \_\_\_\_\_ Concrete Slab \_\_\_\_\_

Subfloor Type / Thickness \_\_\_\_\_ Subfloor Condition \_\_\_\_\_

Installation Method Nail/Staple \_\_\_\_\_ Type Length and Spacing \_\_\_\_\_

Glue \_\_\_\_\_ Adhesive Used \_\_\_\_\_ Floating \_\_\_\_\_

Expansion Space (Along Perimeter Edges) \_\_\_\_\_

Moisture Test at Time of Inspection – Floor Results \_\_\_\_\_ Subfloor Results \_\_\_\_\_

Moisture Test Performed Before Installation (From Installer)

Wood Floor - Results \_\_\_\_\_ Subfloor Results \_\_\_\_\_ None Taken \_\_\_\_\_

Additional Comments \_\_\_\_\_

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

Product: \_\_\_\_\_

Labor: \_\_\_\_\_

Freight: \_\_\_\_\_

Total Claim: \_\_\_\_\_

Samples of defective material or pictures must be provided with claim form. Submit completed claim form to [claimsfloorcenterusa@gmail.com](mailto:claimsfloorcenterusa@gmail.com) or to 1115 S. Chattanooga Street, PO Box 468, LaFayette GA 30728.

## FST CLAIMS PROCESS

In the event that you must file a claim, following are the steps that should be taken:

- 1) Before filing a claim with our office, please make sure that it is within the warranty coverage period. Manufacturing defects are identified within a twelve month period after installation. Claims must be filed within 30 days after any defect or issue has been detected.
- 2) A FLOOR SOURCE Claim Form must be completed and submitted to our claims office either by fax, 706 638 0595, or by email to [claimsfloorcenterusa@gmail.com](mailto:claimsfloorcenterusa@gmail.com). If there is insufficient information on the submitted form, the form will be returned for completion. Pictures and/or samples must be submitted for all claims filed. **VERBAL REPORTING OF AN ISSUE DOES NOT CONSTITUTE FILING A CLAIM. NO ACTION WILL BE TAKEN UNTIL A COMPLETED CLAIM FORM IS RECEIVED BY OUR OFFICE.**
- 3) FLOOR SOURCE reserves the right to request written job site pre-installation documentation and, where applicable, a copy of the Sub-Floor Moisture Record. Please refer to the installation instructions.
- 4) Upon receipt of the required documentation, a claim number will be issued to you. This claim number should be used on all correspondence. A file will be opened, and we will begin review and processing of your claim.
- 5) All claims should begin the processing phase within 10 days of receipt of the completed claim form.
- 6) You will be notified in writing under any of the following conditions:
  - a. The claim is approved and how FLOOR SOURCE proposes to resolve the issue.
  - b. The claim is denied and our basis for such denial.
  - c. We are exercising our right to have the flooring examined by an independent inspector.
- 7) Should we determine that an inspection of the flooring is warranted, FLOOR SOURCE will engage the services of a certified independent inspector to evaluate the flooring for manufacturing defects, document the previous and current environmental conditions of the home, maintenance, and confirm proper installation in accordance with NWFA and our guidelines.
- 8) It generally takes 14 to 21 days to receive a written report from an inspector. Upon receipt we will provide you with our standing on the claim and a copy of the written report.
- 9) **If it is determined that the flooring is defective, FLOOR SOURCE will be responsible for any inspection fees incurred. Conversely, if the defect is nonmanufacturing related, you will be invoiced for the inspection fees.**
- 10) Settlement of claims for manufacturing defects will be in accordance with the NWFA guidelines and FST warranty and may include, but not be limited to, recoating, refinishing, filling or furnishing comparable flooring (of FST manufacture and of similar color, pattern, and quality), for either the repair of the

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defective area or the replacement of the floor, at FST's sole option. Reasonable and customary labor charges for professionally installed floors at 100% for the first year of the warranty period only. Wear warranties are prorated over the stated cycle. For additional details, please refer to your FST Warranty.