

CLAIM FORM - HARD SURFACES



DEALER INFORMATION - MUST BE FILLED OUT COMPLETELY

SALES PERSON: _____ COMPANY NAME: _____

ADDRESS: _____ CITY: _____

PH NUMBER: _____ PROV: _____ POSTAL CODE: _____

INVOICE DATE: _____ Kennedy CG#: _____

Your PO#: _____ INSPECTION DATE: _____

DATE CLAIM RECEIVED: _____

IF SHIPPED - B.O.I. # & CARRIER'S NAME: _____

COMMENTS:

CUSTOMER INFORMATION - MUST BE FILLED OUT COMPLETELY

CUSTOMER NAME: _____ ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

PHONE NUMBER: _____ DATE INSTALLED: _____

DATE OF COMPLAINT: _____ OWNER OCCUPIED: NO YES

AREAS OF COMPLAINT: _____ SQ FEET INVOLVED IN CLAIM: _____

COSTS - PRODUCT COST: _____ INSTALL COST: _____

FREIGHT COST: _____ MISC. COSTS: _____ TOTAL COST: _____

PHOTOS & PRODUCT SAMPLE: MULTIPLE PHOTOS OF AFFECTED AREA PRODUCT SAMPLE

REPORTED PROBLEM: _____

RECOMMENDED SOLUTION:

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PRODUCT DESCRIPTION - MUST BE FILLED OUT COMPLETELY

PRODUCT BRAND: _____ COLLECTION: _____

DECOR NAME: _____ DYE LOT # (IF AVAILABLE): _____

INSTALLATION PROFILE - FILL OUT IF PRODUCT IS INSTALLED

INSTALLATION TYPE: _____ DIY _____ PROFESSIONAL _____ INVOICE ATTACHED _____

INSTALLATION METHOD: _____ OTHER: _____

ADHESIVE USED - (IF ANY): _____

UNDERPAD (PRODUCT NAME): _____

SUBFLOOR TYPE: _____ OTHER: _____ RADIANT HEATED? _____

INSTALLATION NOTES: _____

COMMENTS:

Please forward this form filled out to Kennedy Floorings and your respective dealer through your preferred method of communication below (email, fax, or mail).

Please fill this form and submit it in a timely manner in order for us to help you with your claim within a reasonable time frame.

Ph: (204) 633.5720

Fax: (204) 694.xxxx

Toll Free: (800) 665.7424

Email: claims@kennedyfloorings.com

Address: 151 Paramount rd, Winnipeg, MB, R2X2W6