

Form Number			Form Completed By:	Sherry Taylor
Date			Business Manager:	Chris Grimes

Claim Initiation Form

		CLAIM TYPE	COMMERCIAL <input checked="" type="checkbox"/>	RESIDENTIAL <input type="checkbox"/>
Distributor	Jaeckle Distributors		Product description	
City, State/Prov	Madison, WI		Product Part # (As listed on invoice)	
Contractor			Roll # (If Applicable)	
Address			Manufacture Date/Lot #	
City, State/Prov			Install Date	
Zip/Postal code			Completion Date	
Telephone			Tarkett Invoice #	
Customer Number			Customer PO	
Job Site/End User			LIST PROBLEM:	
Address				
City, State/Prov				
Zip/Postal code				
Telephone				
	Quantity	\$/unit	Sub-Total (\$)	
TOTAL MATERIAL ORDERED:				
TOTAL MATERIAL INSTALLED				
TOTAL MATERIAL DEFECTIVE				
LABOR				
FREIGHT				
TOTAL				

Defect found	<input type="checkbox"/> Before Install	<input type="checkbox"/> During Install	<input type="checkbox"/> After Install	<input type="checkbox"/> In-Stock Items
Sample Submitted is From	<input type="checkbox"/> Installed	<input type="checkbox"/> Uninstalled	<input type="checkbox"/> Pictures	

Please send representative sample to: Tarkett Claims Group, 30000 Aurora Rd., Solon, OH 44139
Please send samples via FedEx account # 573235142 or via UPS account # 80W965

INSTALLATION INFORMATION:

Installed By	<input type="checkbox"/> Dealer Contractor	<input type="checkbox"/> Independent Contractor	<input type="checkbox"/> End User	<input type="checkbox"/> Not Installed/In Stock Item
Grade of Subfloor	<input type="checkbox"/> Above Grade	<input type="checkbox"/> On Grade	<input type="checkbox"/> Below Grade	<input type="checkbox"/> Combination
Type of Substrate	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Existing Floorcovering	<input type="checkbox"/> Other (Please List)
Substrate Porosity	<input type="checkbox"/> Porous	<input type="checkbox"/> Non- Porous		
Type of Lighting (All that apply)	<input type="checkbox"/> Direct Sunlight	<input type="checkbox"/> Florescent Light	<input type="checkbox"/> Incandescent Light	<input type="checkbox"/> Other (Please List)
Installation Type	<input type="checkbox"/> Full Spread Glue	<input type="checkbox"/> Glueless/Floating	<input type="checkbox"/> Perimeter Bond	<input type="checkbox"/> Other (Please List)
Moisture Test (Prior to Install)	<input type="checkbox"/> RH	<input type="checkbox"/> Calcuim Chloride	Results	
Material Acclimated	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Acclimation Time	
Building Climate During Install	<input type="checkbox"/> Product kept inside	<input type="checkbox"/> Climate Controlled	Temp During Install	
HVAC Information	Type			<input type="checkbox"/> Functional at time of Install
Adhesive Information	Type		Trowel Size	
For Treads ONLY	Was 930 Used		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Weld Information	<input type="checkbox"/> Heat	<input type="checkbox"/> Cold	<input type="checkbox"/> DT65 Seam Sealer	<input type="checkbox"/> Other (Please List)

Notes:

Maintenance Information	
Requested Outcome	
Comments	

If labor is requested, please include a copy of an itemized labor bill with the submission of this form.
If available, please submit of a copy of your Tarkett Invoice.