



CLAIM INITIATION FORM

In order to initiate a claim, retailer **must inspect** the site and complete this form.

RETAILER INFORMATION

Company Name :
 Address :
 City : State : Zip :
 Phone# : Fax # :
 Store's Email :
 Store's Contact : Account # :
 Urbanfloor's Account Manager : Urbanfloor's Invoice# :
 Product Description : Date of Sale :

INSTALLER INFORMATION

Name : Phone # :
 Installer C15# : Date of Installation :

HOME OWNER INFORMATION

Name :
 Address :
 City : State : Zip :
 Phone# : e-mail :

INSPECTION REPORT *if necessary use additional sheet and attach to this form*

Date of Inspection : Inspected by:
 Customer's complaint :
 Inspector's findings and recommendation:

I certify that to the best of my knowledge the information given on this form is true and correct.

Signature:

Print :

Date :

IMPORTANT

Please provide pictures clearly showing floor/ area in question along with this form.

E-mail to: claims@urbanfloor.com

Or mail to: Urbanfloor Claims Department 3707 Capitol Avenue, City of Industry, CA 90601.

If you have any questions or need assistance filling out this form please call your Account manager