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CERTIFIED CARPET DISTRIBUTORS CLAIMS POLICY

EFFECTIVE DATE: JANUARY 2, 2020

Please contact your salesperson to initiate claims process for any and all of our products.

When contacting your salesperson for a claims request, please have the following information available:

UNINSTALLED CLAIMS:

- Copy of original invoice from Certified Carpet Distributors
- Pictures and/or samples of defective product

INSTALLED CLAIMS:

- Copy of original invoice from Certified Carpet Distributors
- Consumer Name, Address, and Phone Number
- Pictures and/or samples of defective product
- Appropriate labor bills if installed or attempted to install

If an Independent Inspection Company is required, Certified will handle those arrangements with the manufacturer. If inspection is not deemed a manufacturer defect, Certified will bill your account for the inspection fee – approximately \$250.00- \$500.00 depending on manufacturer.

****PLEASE ALLOW 30-45 DAYS FOR CLAIMS RESOLUTIONS****

CERTIFIED CARPET DISTRIBUTORS

CLAIM FORM

Has dealer inspected job site? _____ Date of visit: _____

LOCATION IS: NEW EXISTING

PROBLEM NOTICED: BEFORE DURING AFTER INSTALLATION

DATE INSTALLED: _____ DATE PROBLEM NOTICED: _____

DESCRIBE ISSUE:

Cupping Splits Gapping Fading Milling Over wood Denting Scratching

Please explain: _____

Does Consumer have a copy of warranty: Yes No Not Sure

Is issue covered under warranty: Yes No Not Sure

Recommended Solution: _____

Labor (if applicable--*must provide bill*): _____ TOTAL Amount Requested: _____

CONTACT INFO

RETAILER

Name _____ Phone _____ Email _____

Address _____ City/State/Zip _____ Contact Person _____

CONSUMER

Name _____ Phone _____ Email _____

Address _____ City/State/Zip _____ Contact Person _____

PRODUCT INFO

Certified Carpet Invoice: _____ Date: _____ Manufacturer: _____

Product description: _____ Invoice/PO: _____ Date: _____

Quantity Purchased: _____ Quantity Installed: _____ Quantity at Issue: _____

INSTALLATION INFORMATION

Installed by: Retailer Consumer Consumer-Contracted Installer

Rooms Installed: _____

Install Method:

Nail/Staple

Full Spread Glue

T-n-G Float Glue

Glueless Float

Type of underlayment (Float): _____

Name of Glue (Full Spread): _____

Subfloor: Concrete

Wood

Below Grade

Above Grade

On Grade

Heating/AC: Conventional

Radiant

Other: _____

Was HVAC Functioning:

Day of Delivery:

Yes

No

How long: _____

Day of Installation:

Yes

No

How long: _____

ENVIRONMENTAL INFORMATION

Date delivered to home: _____

MC % in Joist _____

MC % in Subfloor _____

MC % in Product _____

RH % in Basement _____

RH % in Installation Area _____

Date Installed: _____

MC % in Joist _____

MC % in Subfloor _____

MC % in Product _____

RH % in Basement _____

RH % in Installation Area _____

Pets: Yes

No

Number/Type of pets: _____

Maintenance (Please describe): _____

INCLUSIONS

Photographs of:

Various heights

Markings of flawed area

Product Codes

Package End Label

Sample of defective material

Customer Invoice

Labor Bill (if applicable)

OFFICE USE ONLY

Received on: _____

Date of submission: _____

Inspection requested:

Date: _____

Date of Inspection: _____

Claim Approved

Credit received

CM: _____

Date: _____

Denied Reason: _____

Denial Packet Sent

Inspection Invoice Sent

Payment for Invoice Received

NOTES: