



Claim Form

CONTACT INFORMATION (Flooring Dealer)

Today's Date: _____

Julie Industries Sales Order No: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Contact Phone No. : _____

CONTACT INFORMATION (Onsite)

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Contact Phone No. : _____

PRODUCT INFORMATION

Product Type: _____ Product Style: _____

Total SF Ordered: _____ Total SF Affected: _____

Brief Description of Problem: _____

SITE CONDITIONS

Moisture Tests Performed: YES NO Results of Test: _____

Above Grade Below Grade On Grade

Moisture barrier used: YES NO Type: _____

Claim Form (cont'd)

ABOUT THE INSTALLATION

Date of Installation: _____

Subfloor: Plywood Concrete VCT Raised Computer Floor Other _____

Adhesive Used:

5100 SD Compurelease 5100 Lokdots Peel& bond Positile

Other _____

MISCELLANEOUS

Traffic Type: Foot Traffic Carts Pallet Jack Forklift

Initial Cleaning Performed: YES NO Cleaning product _____

Ongoing Maintenance: YES NO Cleaning product _____

Floor Finish or Wax: YES NO Product name _____

Note: **Please** attach as many photos as necessary to clearly show the problem.

PLEASE RETURN COMPLETED FORM TO: Claims@julieind.com