



THE MODERN FLOORING SOLUTION

Claims & Repair Request Form

Claimant Name: _____ Account #: _____

Customer Type: (Check one):

Dealer/Retailer _____ Independent _____ Installer _____ Other _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Purchase Information:

Invoice #: _____

Item Number: _____

Batch Number: _____

Square Footage Purchased: _____

Square Footage Installed: _____

Square Footage Under Dispute: _____

Subfloor Information:

What is the subfloor material? (Check one):

Concrete _____ Wood _____ Plywood _____ OSB _____ Other _____

Concrete thickness: _____

Plywood thickness: _____

Subfloor Location (Check one of the following):

On Grade (Ground Floor) _____ Above Grade (2nd level or higher) _____
Below grade (Basement) _____

If installed over concrete, was a moisture test performed? Yes | No

Test Results: _____

Existing Flooring:

Was the new floor installed over existing floor covering? Yes | No

If Yes, What Type _____ How many layers? _____ Total Thickness _____



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Install Information

Install Date: _____

Type (Select one): Residential____ Commercial____

Product Type: Glue Down Luxury Vinyl____ Floating Floor____

Rooms Installed in (Check all that apply):

Kitchen____ Den____ Family Room____ Bedroom____ Hallway____ Living Room____ Entrance____
Elevator____ Lobby____ Stairs____ Sun Room____ Basement____
Laundry Room____ Foyer/Entryway____ Office____ Pantry____ Other____

Acclimation Period

Number of hours the flooring was on site, indoors before installation? _____hrs

Temperature____°F

Glue Down LVT

What adhesive was used? _____

Was open time allowed on the adhesive? Yes | No

If so, how long? _____

What trowel size was used? _____

Was the material rolled? Yes | No

If so, please provide the size of roller used: _____

Underlayment

Was an underlayment used? Yes | No

If so, which product? _____

Total Thickness? _____

Density Rating: _____

How was the underlayment adhered to the subfloor? _____

If glued, what product was used between subfloor and underlayment? _____

What adhesive was used between the underlayment and LVT? _____

Trowel Size: _____



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Floating Floor

Were installation instructions followed correctly? Yes | No

Were transition strips, or T-moldings used per requirements? Yes | No

Was expansion space allowed for perimeter walls, around cabinets, and built-ins? Yes | No

If so, what size expansion gap was allowed? _____

Were cabinets or built-ins installed on top of the floor covering? Yes | No

How was installation done around door jambs? _____

Were door jambs cut and installed underneath? Yes | No

Were door jambs left in place and flooring cut around door jambs? Yes | No

Was caulking used around any door jambs? Yes | No If so, what type? _____

Was caulking used in expansion gaps on perimeter? Yes | No If so what type? _____

Is the floor pinned down or trapped by baseboards in any area of the installation? Yes | No

Were the floor flatness requirements met? Yes | No

Is there rolling closet doors installed over the top of floor? Yes | No

Do office chairs have chair mats underneath them? Yes | No

Have the office chair casters been replaced with soft, rubber "roller-blade" style wheels? Yes | No

Please describe your flooring issue:



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Cost of Claim

Square footage in need of replacement _____

Labor cost to be determined by Urban Surfaces.

Total cost to be determined by Urban Surfaces.

I certify that the information provided above is true and correct. I understand that I must provide complete and accurate information in order for Urban Surfaces to consider my claim.

Signature of Claimant: _____

Please remit to:

Urban Surfaces

Attention: Claims Department

1121 Olympic Dr. Corona, CA 92881

claims@urbansurfaces.com