



# Bishop Distributing Flooring Claim Form

Please complete this form and email to [claims@bishopdistributing.com](mailto:claims@bishopdistributing.com).

5200 36<sup>th</sup> Street S.E  
Grand Rapids, MI 49512  
Ph: 800.748.0363  
Fx: 800.968.8822

## IN ORDER FOR US TO PROCESS YOUR CLAIM, THE MANUFACTURER REQUIRES:

- |   |  |
|---|--|
| <input type="checkbox"/> Completed Claim Form   | <input type="checkbox"/> Photographs showing the issue                       |
| <input type="checkbox"/> Labor Bill<br>(With grout, adhesives, underlayment, etc. listed) | <input type="checkbox"/> Photographs showing the entire room                 |
|   | <input type="checkbox"/> Photographs showing the use of moldings/transitions |

## RETAIL STORE INFORMATION

Date Submitted: \_\_\_\_\_ Store Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

## CUSTOMER INFORMATION (IF APPLICABLE)

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

## PRODUCT INFORMATION

Invoice #: \_\_\_\_\_ Item #: \_\_\_\_\_ Quantity Purchased: \_\_\_\_\_  
 Item Description: \_\_\_\_\_

## CLAIM DETAILS

When was the issue noticed?: \_\_\_\_\_ How much of the floor is affected?: \_\_\_\_\_  
 Description of the issue: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Has anyone been to the jobsite to review?:  Yes  No If so, findings: \_\_\_\_\_  
 Have any steps been taken to resolve the issue?: \_\_\_\_\_  
 Recommendation for resolution: (Board repair, full replacement, replacement material only, etc.): \_\_\_\_\_  
 \_\_\_\_\_

## INSTALLATION DETAILS

Is the product installed?:  Yes  No If so, when was it installed?: \_\_\_\_\_  
 Where is the product installed?: (ie. Hallway, bathroom, basement, etc.): \_\_\_\_\_  
 How was the product installed?: (ie. Floating, direct glue, etc.): \_\_\_\_\_  
 Who installed the flooring?: (ie. Retailer, contractor, consumer, etc.): \_\_\_\_\_  
 Type of adhesive used: (If applicable): \_\_\_\_\_ Type of fasteners used: (If applicable): \_\_\_\_\_  
 Type of underlay used: (If applicable): \_\_\_\_\_ Type of subfloor: \_\_\_\_\_  
 HVAC information type: \_\_\_\_\_  
 Were moisture tests performed on the product and/or substrate?:  Yes  No If so, what were the results?: \_\_\_\_\_

## MAINTENENCE INFORMATION

What products/methods have been used to clean the flooring and with what frequency?: \_\_\_\_\_