



Distributor Claim Form

105 Uppercrest Drive
 Mooresville, NC 28117
 Tel: 866-NOVALIS (668-2547)
 Fax: 866-668-1668

Distributor Claim Number
INTERNAL USE ONLY

Novalis CLAIM NO.

INSTRUCTIONS

- All sections of Claim Report must be completed in FULL (sections 1 -10). Completed claim form must be submitted with **all necessary documents**, i.e. invoices, labor costs, pictures, etc.
- All Claim Reports must be **typed** and submitted via email to claims@novalis-intl.com. **NO faxed claim forms, Acrobat files or pictures of the claim forms will be accepted.**
- All samples must be labeled with the following-claim number, distributor name, sales reps name, dealer name, & job-site name. Consult with the Claims department before sending samples for the proper address to submit.
- Once claim number is issued, you will receive the claim number via return email from claims@novalis-intl.com.

1. DISTRIBUTOR

Name			
Street Address			
City/State/Zip			
Contact			
Phone		EMAIL	

2. DISTRIBUTOR SALES REPRESENTATIVE

Name			
Phone		EMAIL	

3. DEALER / CONTRACTOR

Name			
Street Address			
City/State/Zip			
Contact Name			
Phone			
EMAIL ADDRESS			

5. JOB SITE - *REQUIRED FOR INSPECTIONS**

Name			
Street Address			
City/State/Zip			
Contact			
Phone		Email	

6. CLAIM INFORMATION - PROVIDE ALL INFORMATION

Claim submitted by:			
Claim inspected by:			
Claim inspection date:			
Installation date:			
Product name/number:		Product color & size:	
Size of installation (sqft)		Novalis invoice #	
Claim quantity (sqft)			
Claim quantity (cartons)		Invoice or PO Date:	
Evaluation samples submitted (quantity)		Photos (yes/no)	#REF!
Forward samples: (Yes/No)		Date samples forwarded:	
Evaluation sample status		QA Evaluation Date:	

7. INSTALLATION INFORMATION - PROVIDE ALL INFORMATION

Manufacturing Run Number:			
Substrate type (concrete, wood, sheetrock, etc.)			
Subfloor moisture test conducted (type)		Moisture Test results:	
Ph Test conducted (Yes/No)		PH Test results	
Subfloor porosity test conducted		Porosity result	
Novalis adhesive used (Yes/No)		Adhesive SKU	
Non-Novalis adhesive used (Yes/No)		Competitive Adhesive Manufacturer & product:	
Installation type (hospital, grocery store, etc.)			
HVAC installed and operating before & during install		HVAC type:	
Acoustical or other underlayment used:		Manufacturer & model	
Installation method used:			

8. DISTRIBUTOR COMMENTS

Description of the problem observed:

Recommendation for resolution:

Checklist (Please Include) () Samples () Pictures () Repair/Replacement Labor Bill

9. PROPOSED RESOLUTION OF CLAIM

10. ESTIMATED JOB REPAIR / REPLACEMENT COST

Novalis Material Cost:
Adhesive Cost:
Labor Cost:
Additional Cost:

Describe additional costs:
#REF!

Proposed Grand Total Cost:

NOTE: All labor costs must be itemized and submitted in writing by the Flooring Contractor and approved by Novalis prior to job replacement. Reimbursement will not exceed the above noted Repair/Replacement Cost under any circumstances

NOTE: Labor costs will not be reimbursed for material installed with obvious defects, etc.

INTERNAL USE ONLY

Novalis evaluation response: Name: _____ Date: _____

CLAIM: REJECTED _____ ACCEPTED _____ FULL _____ PARTIAL (describe) _____

REASON: _____

COSTS: Material Cost: _____
Labor Cost: _____ *** must be prior approved and detailed
Additional Costs: _____ *** must be prior approved and detailed
Total Claim Amt. \$ _____ -

Claim approved by: _____ Date: _____

Credit Memo number: _____ Issued: _____

Date Distributor Reimbursement Credit forwarded by Accounting Department: _____

Approved Labor Charges

Approved Labor Charges for Claims

This is to be used as a guideline for approving labor charges on claims. All amounts shown are the maximum allowed for a claim.

		Claim Qty.	Allowed Amt.	Contractor Amounts		Difference
				Qty.	Amount	
Take-up						
Direct Glued product	\$ 1.50 sqf					\$ -
Floating Vinyl product	\$ 0.75 sqf					\$ -
Installation						
Direct Glue, non-grouted	\$ 1.50 sqf		\$ -			\$ -
Direct Glue, grouted	\$ 2.00 sqf		\$ -			\$ -
Grout Only	\$ 0.65 sqf		\$ -			\$ -
Floating product	\$ 1.50 sqf		\$ -			\$ -
Basic floor prep	\$ 0.40 sqf		\$ -			\$ -
Acoustical underlayment	\$ 0.35 sqf		\$ -			\$ -
Subfloor - panel	\$ 1.50 sqf		\$ -			\$ -
Subfloor - installation only	\$ 0.35 sqf		\$ -			\$ -
Trim Replacement						
Door Trims / Zbar **labor only	\$ 0.75 lf		\$ -			\$ -
Quarter round	\$ 1.25 lf		\$ -			\$ -
Cove base	\$ 1.50 lf		\$ -			\$ -
Base board	\$ 1.50 lf		\$ -			\$ -
Miscellaneous Charges						
Kitchen appliances	\$ 30.00 ea		\$ -			\$ -
Electric water heater	\$ 75.00 ea		\$ -			\$ -
Gas water heater	\$ 200.00 ea		\$ -			\$ -
Toilet removal & replace	\$ 75.00 ea		\$ -			\$ -
Basic furniture moving	\$ 0.25 sqf		\$ -			\$ -
			\$ -		\$ -	\$ -