## **CLAIM FORM**

CHECK ONE:

SHEEK ONE.	
Exterior Door Trim	
Interior Door Other	
Siding	Date:
Dealer Name:	
Dealer Contact:	Email:
Inspected By: (**Dealer Inspection of All Issues is require	d)
Customer Name:	Phone:
Contact Name:	_ Email:
Cell:	-
Customer Address (Job Site Address):	
City: State:	Zip:
Contractor Name:	Phone:
Contact Name:	
Cell:	
For jobs in progress please call 800.236.1528 opt. 4 or email claims@wausausupply.com	
Original Order Number:	Line #:
Date of Purchase:	Date of Installation:
Description in detail of the problem, including any	pictures as necessary:



Save form to desktop before filling in fields. Form cannot be submitted when open as a web page.





## **CLAIM PROCEDURE**



In an effort to expedite your claim as quickly as possible, please fill out the Claim Form completely. Below is critical information needed in order to proceed:

- Job site address
- Contact name and phone number
- Original Order Number and Line Number
- Date of Installation
- · Pictures of the product showing the issue or concern (required)

When taking pictures please make sure to get all four sides of the home: Front, Right, Back, Left Sides. Always start from the front and work your way around in a counterclockwise fashion.

- First picture should be an over-all wall shot of the Front Wall of the home or building. The pictures that follow this one should be close ups of the issue or concern on this wall.
- Next over-all wall shot should be of the Right Wall, and the following close ups should be of the issues or concerns on this wall.
- Next over-all wall shot should be of the Back Wall, and the following close ups should be of the issues or concerns on this wall.

Last over-all wall shot should be of the Left Wall, and the following close ups should be of the issues or concerns on this wall.

Please remember to reduce the file size of your picture prior to e-mailing. E-mails with attachments that are too large may not send or be received. The pictures will be reviewed, and the primary contact will receive a response from a claim representative detailing all available options for your claim.

Please send the completed form to claims@wausausupply.com.

If you have a claim for a job in progress please send the completed form to: claims@wausausupply.com. Your case will be accessed and assigned priority upon receipt. To speak with a claims representative call 800.236.1528 opt 4.

Upon claim receipt, our claims department will enter the claim in our system and acknowledge receipt of the claim to the appropriate parties.

Your cooperation and patience are appreciated during claim handling; it will ensure faster response and resolution time for your claim.



