



LATICRETE International, Inc.
1 Laticrete Park North, Bethany, CT 06524-3423
Tel: 1 (800) 243-4788 Fax: 1 (203) 393-1948

LATICRETE Product or Installation Claims Policy

All manufacturers have standard procedures for processing warranty claims should a customer encounter a problem with a product or installation. Our policy is intended to afford us the opportunity to investigate the validity of the claim prior to our participation in the remediation of the problem. All complaints will be processed to their conclusion in a timely manner with the exception of factors beyond the control of LATICRETE® International, Inc.

While we understand the need to satisfy customer complaints in a timely manner, LATICRETE International, Inc. must strictly adhere to the policy and procedures below:

Claims Policy:

If LATICRETE is to participate financially in the remediation of any tile installation for any reason (warranty or goodwill), the Technical Services Department will confirm such financial participation in writing to the appropriate parties.

LATICRETE will not be liable for any expense incurred, promised or offered when we have not had the opportunity to evaluate and agree in writing to:

1. *The legitimacy of the claim*
2. *The correct method of remediation*
3. *The final cost of remediation and LATICRETE share of said expense.*

*If any party incurs or authorizes such expense **prior** to receiving a written agreement from LATICRETE INTERNATIONAL, Inc. to participate financially, then said expenses will be the responsibility of the party that incurred them or authorized them.*

Claims Procedure:

1. Product or installation complaint is registered with LATICRETE Technical Services via LATICRETE Warranty Claim and Complaint Form F 8.5.10 A (attached). **Homeowner, Contractor or Distributor Employee can register complaint.**
 - a. Proof of purchase must be sent with LATICRETE Form F 8.5.10 A. Once all information has been received, LATICRETE Technical Services will begin the claims process.
2. Within three business days (Monday-Friday) of receipt of complaint, LATICRETE Technical Services reviews claim and will either:
 - a. Offer reasonable resolution to owner/contractor.
 - b. Deny Claim outright with explanation. Explanation will be sent to Customer/Contractor.
 - c. Request additional information or action. (See Item 3)
3. Request for additional information may include, samples to be forwarded to LATICRETE Technical Services, a jobsite visit scheduled or other follow up as required to complete the investigation.
4. Within three business days of the completion of the investigation, LATICRETE Technical Services will either:
 - a. Offer settlement of resolution in writing
 - i. LATICRETE Technical Services must receive a signed release form prior to the release of any settlement compensation.
 - b. Deny Claim in writing with full explanation

For additional information regarding the above policy and procedures, contact the LATICRETE Technical Services at Ext.235.



LATICRETE Warranty Claim & Complaint Form
 1 Laticrete Park North, Bethany, CT 06524-3423
 Tel: 1 (800) 243-4788 Fax: 1 (203) 393-1948

Instructions:

1. Claim form must be filled out completely.
2. Proof of purchase (copy of invoice showing Laticrete materials) must accompany form.
3. Fax to (203) 393-1948

Email to techsupport@laticrete.com

Mail to LATICRETE International , 1 Laticrete Park North , Bethany, CT 06524

General Information					
Claim Filed by:					
Date:		Phone:		Fax:	
Project Name:			Project Address:		
City/State/Zip			Project Phone:		
Project and Product Information					
Product Used:			Color:		
Quantity Purchased:			Control #:		
Square footage:		Date Purchased:		Date Used:	
Substrate (type and thickness):			Interior or Exterior:		
Describe construction and condition of substrate:					
Tile type /size:		Grout additive used/type:			
Description of Problem:					
Suggested Solution:					
Trowel size:		Sample available:			
Owner Information					
Owners Name:			Contact Person:		
Address:			City/State/Zip:		
Phone:		Fax:		Email:	
Contractor Information					
Contractor/ Installer:			Contact Person:		
Address:			City/State/Zip:		
Phone:		Fax:		Email:	
Laticrete Distributor Information					
Distributor:			Contact Person:		
Address:			City/State/Zip:		
Phone:		Fax:		Email:	