

**Consumer Services  
CertainTeed Corporation**

803 Belden Road

Jackson, MI 49203

Toll Free #: 800.999.3654

Fax #: 517.787.0023

Email: [jtc.conservfc@saint-gobain.com](mailto:jtc.conservfc@saint-gobain.com)



Homeowner Name(s)

Address

City/State/Zip

RE: Incident # NEW CLAIM

Dear Mr. & Mrs. Homeowner:

We have received notice that you are experiencing a problem with a CertainTeed product. Upon receipt of all the following information, we can continue to process your claim.

- 1) **Questionnaire.** Complete the enclosed product Questionnaire and return it to us.
- 2) **Proof-of-Purchase.** See the Questionnaire for available options to satisfy this requirement.
- 3) **Photos.** See Questionnaire for quantity and types of photos to satisfy this requirement.
- 4) **Proof of Product Failure.** It is the responsibility of the consumer to provide proof of the following:
  - The product was installed correctly.
  - The problem you are experiencing is a direct result of a defect in our product.

If you feel you have evidence to satisfy all of the above requirements, please submit the following:

**A sample of un-installed underlayment/backerboard.** Please submit a sample (1-2 feet high by full width – 3 or 4 feet wide) of the material that has not been installed. The sample is required and necessary for review and/or testing to determine if the product suffers from a manufacturing issue.

**NO RETURN of SAMPLES RELEASE**

Unfortunately, in order to test the product the sample will be destroyed. Therefore, the sample will not be available to be returned. The purpose of this release is to inform you of this situation and to obtain your approval to test the sample. Understand that without the above mentioned information and sample plus your approval to test, we cannot process the complaint further.

At this time, please sign, date and return this letter to our office acknowledging your understanding of the above and approval to have the sample tested. *Note: After we receive the signed and dated letter in our office, we will submit the sample for testing.*

**IMPORTANT:** Understand that the main purpose of the underlayment/backerboard is to provide a surface to attach the tiles. It is not to provide for the structural integrity of the floor or wall. That is provided by the joists/studs and the sub-floor/wall. Therefore, if your concern is in regards to cracked tiles or grout, understand this condition is generally the result of a problem with: the joists/studs, sub-floor/wall, the thinset or adhesive used or a failure of the tile or grout itself. It is not typically the result of a defect in the underlayment or backerboard. If this is your concern, you should direct your inquiry to either the manufacturer of the tile/grout or contact the installing contractor for assistance.

Thank you for your cooperation. We are looking forward to receiving this information. *Note: **You should receive a written response from us within 3 weeks from the date we receive the information in our office.***

Sincerely,

The Consumer Services Department

Enclosure

\_\_\_\_\_  
Signature of owner(s) or authorized representative(s)  
(*Note: if not listed above, please include printed name w/ signature*)

\_\_\_\_\_  
Date

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Incident # NEW CLAIM

**UNDERLAYMENT / BACKERBOARD COMPLAINT QUESTIONNAIRE**

FAILURE TO COMPLETE THIS FORM MAY REQUIRE US TO RETURN IT TO YOU, DELAYING OUR RESPONSE.

1 Name \_\_\_\_\_ Name \_\_\_\_\_  
(home/property owner – first and last name) (spouse or secondary owner, if any – first and last name)

**Complaint Address** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mailing Address\*** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\* If different than complaint address.

Phone #: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Is the **Complaint Address** a rental property?  Yes  No

Work Phone # is for (enter name): \_\_\_\_\_

2. Company who **applied** material: Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

3. Company who **sold** material: Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

4. **Product Involved:** Name: \_\_\_\_\_ Size (Ex: 3' X 5', 4' X 4', etc): \_\_\_\_\_  
Circle One: 1 = Underlayment 2 = Backerboard

5. **Approximate # of Total Pieces Used:** \_\_\_\_\_ **# of Pieces Affected:** \_\_\_\_\_

6. **Structure:**  Single Family Home  Apartment Bldg  Condo  Duplex  Other \_\_\_\_\_

7. **Shape of Room:**  Rectangle  Square  Wrap Around  Circular  Custom  Other \_\_\_\_\_

8. **Style of Floor:**  Single Level  Multiple Tiers  Other \_\_\_\_\_

9. **Approximate Overall Floor or Wall Size** (length x width/height): \_\_\_\_\_ x \_\_\_\_\_

10. **Date of Installation:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ **Date of Purchase:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

11. **Date problem first discovered:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

12. **Proof-of-Purchase is REQUIRED.** Please note which item is attached (check one):  
 Sample  Other (specify) \_\_\_\_\_  
 Paid receipt **specifically** identifying our company as the manufacturer of the product stated above

13. **Photos of the room are REQUIRED.** Please include at least five (5) photos. They should include a close-up, which illustrates the concern, one (1) photo showing the fasteners (nails, screws, etc) and three (3) photos showing the complete surface area from three (3) different angles, such as: straight on, from the left side and from the right side.

14. **Did you own the property when the material was installed\***  Yes  No If No, date purchased: \_\_\_\_\_  
\*Answer YES, if you purchased or had built a new construction property. In other words, were you the first person to physically live/reside within the property.

15. **If necessary, do we have permission to physically inspect the property?**  Yes  No

16. **Nature of problem (be specific – use reverse side if necessary):** \_\_\_\_\_

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_