

Warranty Claim Form

Please fill out this form in as much detail as possible. We cannot process incomplete claims.
Instructions for completion and submission are listed on the following page.

Please print or type.

| | | | | | |
|--|--|---|-----------------------|--|--|
| 1 | Type of Claim (please check one) Transfer _____ Inspection _____ Reinstatement _____ | | 2 | Customer's Name (Last, First, Middle) | |
| | Service Address | | | Email Address | |
| | City and State | | | Phone Number | |
| | ZIP Code | | | Requester's Name if different from customer (Last, First) | |
| Customer Type (please check one) Homeowner _____ Seller's Agent _____ Buyer's Agent * _____ Buyer * _____ <small>*must have Homeowners permission in writing</small> | | Date of Original work ____/____/____ Slab _____ Pier & Beam _____ | Contact Number | | |

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| 3 | For Warranty Transfers Requests for assignment of Warranty to a new owner(s) must be submitted no later than 90 days after the transfer of title. Assignment will be made in accordance with the warranty and with the procedures in effect at the time of transfer upon receipt of: 1) a current (within the past 12 months) freshwater pressure test, 2) a hydrostatic sewer test performed from a dual-directional clean-out, and 3) the applicable transfer fee (\$250). If assignment is not properly made within 90 days after the transfer of title, the reinstatement of the warranty will be on a case-by-case basis after an evaluation is completed. Reinstatement is a <i>minimum</i> of \$500.00 Email this information to: warrantytransfer@permapier.com. <small>*Please allow a minimum of 14 days to process the warranty transfer.</small> | Date of Closing: _____/_____/_____ Previous Owner's Name (printed) _____ |
|----------|--|--|

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| 4 | For Warranty Inspections, please describe issues present: (Please attach pictures with your claim) \$100 inspection fee is due when appointment is scheduled |
| | _____ |
| | _____ |
| | _____ |
| | _____ |
| | _____ |

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|----------|--|-----------------------------|
| 5 | Required Documentation Checklist | Month Day Year |
| | a) Do you have a current (12 months) passing plumbing test. <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please attach copy of plumbing test with Master plumbing number. See instructions for requirements.</small> | Date _____/_____/_____ |
| | b) If transferring warranty, do you have proof of title transfer? Please attach a copy of title transfer document. <input type="checkbox"/> Yes <input type="checkbox"/> No | Effective _____/_____/_____ |
| | c) Warranty transfer fee method and date of payment: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card <small>Please provide proof of payment.</small> | Date _____/_____/_____ |

| | | | |
|--|---|-----------------------|---------------------------------|
| 6 | I certify the above is complete and correct and that I am claiming benefits only for work performed by the Contractor. I also agree to be bound by the terms of the arbitration clause and warranty contained in this form. | | |
| | Any person who knowingly presents a false or fraudulent claim will have their warranty void. | | |
| Signature of Customer or Requester/Representative | | Date | Daytime telephone number |
| Mailing Address (if different from Service Address) | | City and State | Zip Code |

***Please allow 7 business days to process your warranty claim form**

*** For Office Use Only ***

Processing Employee: _____

Date: _____/_____/_____

Notes:

INSTRUCTIONS

Important: Please read instructions and complete every applicable item on claim form. For specific warranty coverage information, please contact us to request the General Conditions Addendum.

| | | |
|----------|---|--|
| 1 | Type of Claim, Service Address, and Customer Type | Please check appropriate box for the type of claim you're requesting. The service address is the address where the Contractor did the work. Check the appropriate box for the customer type that is submitting the request. Also include the date of original work. |
| 2 | Customer and/or Requester's Information | Please type the full name, email address, best contact number to be reached at. If requester is different from customer, please include name and number. |
| 3 | For Warranty Transfers | Include the date of closing, print or type the previous owner's name. Attach all required documents. To request a General Conditions Addendum with a full explanation of coverage, please call our office. |
| 4 | Warranty Inspection Description field | Please describe what issues are present in your home. Examples of these are: cracks on walls, doors not shutting correctly, etc. Please take pictures of all of these issues and send along with the completed form. Warranty inspections are \$100.00 due when scheduled |
| 5 | Required Documentation | These are required items needed to submit and successfully process your claim. For all claims, a passing plumbing test from a Master Plumber within the past 12 months is required. For transfers, please submit proof of transfer of title and payment method. |
| 6 | Signature Field | Please sign and date. |

This completed form, together with the applicable required documentation, should be submitted to:

Perma-Pier Foundation Repair of Texas
 attn: Warranty
 P.O. Box 202383
 Arlington, Texas 76006-6635

For faster service, please email the warranty claim package to warranty@permapier.com or for *transfers* warrantytransfer@permapier.com and type the service address in the subject line.