

CLAIM PROCESS

Please retain a copy for your records.

To initiate a claim against the PABCO® Limited Shingle Warranty and for us to properly evaluate your claim we require the following:

1. Notify us within 30 days of discovery of a claimed manufacturing defect and before the warranty expires.
2. Fill out the claim form on other side of this page. Provide all of the requested information that is known or can be determined.
3. Sign and date the form where indicated.
4. Provide us with THREE (3) FULL SHINGLES that clearly demonstrate the claimed defect (replacement shingles should be installed after samples are taken).
5. Provide us with enough photos so that we may understand the scope and distribution of your problem. A combination of close-up, mid-range, and longer-range photos are best for demonstrating the issue.
6. Email your claim form and photos to claims@pabcoroofing.com or include them with your shingle samples as described below.
7. Send shingle samples (may include claim form and photos) in a flat container or cardboard at your expense to:
PABCO® Roofing Products
Quality Assurance Department
1476 Thorne Road
Tacoma, WA 98421-3207

Upon receipt, we will analyze your claim and formally respond to you according to the terms and limitations described in the PABCO Limited Shingle Warranty in effect at the time of installation.

To obtain a copy of the Limited Shingle Warranty for your installation, or for questions or concerns regarding the claim process or requirements, call Technical Services: **800.426.9762** or **253.272.0374**, or email claims@pabcoroofing.com.

All shingles and photos submitted become the property of PABCO Roofing Products and are not returnable.

Revised 6/15/21

CLAIM FORM

Please retain a copy for your records.

Owner's Name:

Email: Phone:

Building Address:
Address Line City State Zip Code

Mailing Address:
Address Line City State Zip Code

Name of Distributor: Phone:

Distributor Address:
Address Line City State Zip Code

Name of Applicator: Phone:

Applicator Address:
Address Line City State Zip Code

Date Present Owner Purchased Building: Date of Installation:

Product Installed: Color:

Quantity Applied: Quantity Involved: Square Footage of Structure:

Original Roof: Plywood Wood Planks OSB Type of Deck:

Reroof Over: Asphalt Shingles Wood Shingles Other N/A Type:
of Layers

Attic Ventilation Type: Eave Vents Gable Vents Power Vents Roof Slope:
 Ridge Vents Roof Vents Roof Turbines Fastened By: Nails Staples

Explain Your Claim
(If needed, attach another sheet to add more info):

I certify the above information to be true, correct, and complete, and I understand that it is unlawful to present or cause to be presented any false or fraudulent claim.

Sign & Date: _____
Signature Date

By accepting and investigating this complaint, PABCO® Roofing Products in no way extends the applicable statute of limitations or warranties in force on the date of purchase. Revised 6/15/21



PABCO® Roofing Products
a division of PABCO building products, LLC

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