



Dear Homeowner,

Thank you for contacting the IKO Quality Services Department. Our aim is to evaluate your claim as thoroughly and quickly as possible. **If all of the requested information is not received by the IKO Quality Services Department the evaluation of your concern cannot be completed.**

To ensure a prompt response to your concern we ask the following:

- Complete and sign the enclosed Homeowner's Inquiry Survey. Please note that the IKO Asphalt Shingle Limited Warranty offers protection to the original consumer/purchaser of the shingles.
- Submit at least seven (7) clear color photographs showing the concern. (Printed digital photographs may be submitted)
 - A) One close-up photograph showing the concern.
 - B) One close-up photograph showing the general area of concern.
 - C) One photograph showing the complete front of the structure.
 - D) One photograph showing the complete back of the structure.
 - E) At least two photographs showing **all** the types of ventilation your roof has. (eave, ridge, gable, etc.)
 - F) One photograph showing the address of the building.
- Submit a copy of your proof of purchase. **THE PROOF OF PURCHASE MUST IDENTIFY THE FOLLOWING: THAT THE SHINGLES ARE IKO SHINGLES, THE TYPE OF IKO SHINGLES, THE QUANTITY OF IKO SHINGLES AND THE DATE THE IKO SHINGLES WERE PURCHASED.** (i.e. a sales invoice or delivery ticket)
- Enclose TWO FULL shingles that clearly demonstrate your concern from the area in question on your roof and, if possible, the section of the shingle wrapper including the stenciled code numbers. Shingle samples are best shipped in a cardboard box. (For color concerns select two shingles of the lighter color and two shingles of the darker color)

*****NOTE: IKO does not employ service representatives to complete on-site inspections to remove shingle samples or take photographs. To provide some assistance to you obtaining the required number of full shingle samples, we will reimburse you up to a maximum of \$50.00 if you have a roofing contractor perform this service. Please include a copy of your receipt with your claim submission. Once the claim is evaluated and if a settlement offer is not made, we cannot reimburse you the \$50.00.**

Check to ensure that all of the following are in the package:

1. The completed Homeowner's Inquiry Survey.
2. The requested seven (7) photographs.
3. A copy of your proof of purchase.
4. The two (2) full shingle samples. (For color concerns select two shingles of the lighter color and two shingles of the darker color.)

Send to: IKO

Attn: Quality Services Department
235 W. South Tec Dr.
Kankakee, IL. 60901-8426

All claims are resolved based on the information you send us. If all of the requested information is not received by IKO the evaluation of your concern cannot be completed.

Please allow a period of 60 days after receipt of requested information for a written response to your concern.

*****ALL PICTURES AND SAMPLES SUBMITTED BECOME THE PROPERTY OF IKO QUALITY SERVICES AND CANNOT BE RETURNED*****

*****IMPORTANT: IMMEDIATELY AFTER THE SAMPLE SHINGLES ARE REMOVED THEY MUST BE REPLACED IN ORDER TO PREVENT SERIOUS LEAKAGE*****

***** PLEASE NOTE THE LIMITED WARRANTY IS AVAILABLE TO THE ORIGINAL OWNER ONLY, UNLESS A WARRANTY TRANSFER HAS BEEN COMPLETED AS INDICATED IN THE APPLICABLE LIMITED WARRANTY. IF YOU ARE UNSURE PLEASE CONTACT THE QUALITY SERVICES DEPARTMENT*****

Thank you for taking the time to submit all of the requested information. If you have any questions please contact us via e-mail at productconcerns.us@iko.com, by phone at (800) 433-2811 or by mail at the above address.



Homeowner's Inquiry Survey

To Be Completed By Quality Services Department

Claim # _____

Plant _____

Received _____

Completed _____

PLEASE TYPE OR PRINT

Owner's Name/s _____ Home Phone () _____

Owner's Address _____ Work Phone () _____

City _____ State _____ Zip Code _____ County _____

Address of Building Involved _____

Date Present Owner Purchased Building Involved _____ Date Product Applied _____

Describe Type and Color of Product _____

Stenciled Code Numbers from Wrapper (if Available) _____

Product Applied By _____ Work Phone () _____

Contact _____ Fax () _____

Address _____ City _____ State _____ Zip code _____

Product Purchased from _____ Phone () _____

Invoice or Receipt Number _____ **ATTACH PROOF OF PURCHASE***

Number of Squares Applied _____ Number of Squares Involved _____

100 square feet = 1 square 100 square feet = 1 square

Slope of Roof Deck _____ Inches per foot

Is Roof Leaking - Yes No Is Underlayment **FELT** applied under product - Yes No

Type of Structure - Residence _____ Manufactured Home _____ Garage _____ Barn _____ Other _____

Type of Decking - Plywood _____ Wood Planks _____ OSB _____ Insulated Deck _____ Other _____

If this was a **RE-ROOF** is it over - Asphalt Shingles _____ Wood Shingles _____ Other _____ Total # of layers _____

Roof Ventilation - Ridge _____ Soffit _____ Eave _____ Gable _____ Turbine _____ Power _____

Total Number of Vents - _____ Do you have a Cathedral Ceiling - Full Partial No Type of Fastener used - Nail Staple

Describe Concern with Product (This Section must be filled out) _____

* THE PROOF OF PURCHASE MUST IDENTIFY THE FOLLOWING: THAT THE SHINGLES ARE IKO SHINGLES, THE TYPE OF IKO SHINGLES, THE QUANTITY OF IKO SHINGLES AND THE DATE THE IKO SHINGLES WERE PURCHASED. (i.e. a sales invoice or delivery ticket)

I have read and Certify the above information to be true, correct, and complete and I understand that I may be subject to legal proceedings brought by IKO for any fraudulent statements.

Signature _____ Date _____

BOTH COPIES OF THIS FORM MUST BE RETURNED



INSTRUCTIONS FOR REMOVING IKO SHINGLES FROM YOUR ROOF

- 1. Select two shingles that best represent your concern. (For color concerns select two shingles of the lighter color and two shingles of the darker color)(Generally shingles measure between 36" and 41" across.)**
- 2. Loosen tabs in the second course above the shingle you have selected. Lift the tabs and remove the exposed nails or staples.**
- 3. Repeat step 2 for the first course above the selected shingle.**
- 4. Loosen the tabs of the shingles you have selected which can now be removed for shipping.**
- 5. Place a new shingle in the position of the shingle you removed and re nail or staple. Lift the tab on the shingle and place spot of shingle cement under each tab approx. the size of a quarter and press tabs down under on the cement.**

