PABCO® Roofing Products

Claim Process

Please retain a copy for your records.

To submit a claim under the PABCO® Roofing Products Limited Shingle Warranty, please provide the following information and documentation so we can properly evaluate your claim:

1. Notify us within 30 days of discovery of a claimed manufacturing defect and before the warranty expires.
2. Complete the Claim Form and provide all requested information that is known or can reasonably be determined.
3. Sign and date the form where indicated. If the homeowner is the Claimant, the homeowner must sign and date the Claim Form.
4. Provide THREE (3) FULL SHINGLES that clearly demonstrate the claimed defect (replacement shingles should be installed after samples are removed from the roof). The shingle samples must not be damaged, cut, torn, or folded. Failure to provide at least THREE (3) FULL SHINGLES may delay processing and/or result in denial of the claim.
5. Provide all photos listed below so that we may understand the scope and distribution of your problem:
    a. Photos of each roof plane/slope
    b. Photos from each side of the structure (North, South, East, West)
    c. Close-up photos clearly showing the issue on each affected slope
    d. Photos of flashing details
    e. Photos of intake and exhaust ventilation
6. Provide a copy of the contract and/or invoice from the roofing contractor to the property owner.
7. If available, provide a copy of the original material invoice from the roofing distributor to the contractor.
8. Email your Claim Form and photos to claims@pabcoroofing.com or include them with your shingle samples as described below.
9. Send shingle samples in a flat container or cardboard box at your expense. A copy of the completed Claim Form must be included with the shipment. Photos may also be included if not previously submitted by email. Send materials to:
    PABCO® Roofing Products
    Quality Assurance Department
    1476 Thorne Road
    Tacoma, WA 98421-3207

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

All claim-related communication, including technical questions, claim progress or status updates, and assistance with completing or submitting required documentation, should be directed to **claims@pabcoroofing.com**. For all other inquiries, please contact our main office at **253.272.0374**.

All shingles and photos submitted become the property of PABCO Roofing Products and will not be returned.

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 ☐ Ridge Vents ☐ Roof Vents ☐ Roof Turbines Roof Slope:

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.

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☎ 253.272.0374 ☎ 800.426.9762 253.572.4997
www.pabcoroofing.com 1476 Thorne Road, Tacoma, WA 98421-3207