

# Window Film Warranty Claim Form

Date: \_\_\_\_\_ Claim Reference ID #: \_\_\_\_\_

Dealer Name: \_\_\_\_\_ Dealer ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Distributor: \_\_\_\_\_

## Warranty Claim Information

(Complete this section for all warranty claim types)

Type of Claim: <input type="checkbox"/> Film only <input type="checkbox"/> Standard <input type="checkbox"/> Non-standard <input type="checkbox"/> Glass Breakage <input type="checkbox"/> Seal Failure		
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Automotive Total Sq. Ft. of Complaint Material: _____  If claim involves IPA, please provide - Product ID: _____ Lineal Feet: _____	Products:  Roll                      Sizes:  Run/Lot Numbers:  Invoice #: _____	
Description of problem:		
<input type="checkbox"/> Bubbles <input type="checkbox"/> Delamination <input type="checkbox"/> Tunneling <input type="checkbox"/> Lines <input type="checkbox"/> Creasing/Cracking <input type="checkbox"/> Seal Failure <input type="checkbox"/> Thermal Breakage (4 photos of each window needed) <input type="checkbox"/> Color <input type="checkbox"/> Other (describe below)		
_____ _____ _____ _____ _____		

For installed warranty claims, please complete the section on the next page

# Installed Claim Information

(Complete this section for Auto/Residential/Commercial claims for installed warranty claims)

\*A picture or PDF of the end user's Warranty will be accepted in lieu of filling the fields below

Customer Name: \_\_\_\_\_ Warranty ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (optional): \_\_\_\_\_ Phone: \_\_\_\_\_

Square feet of complaint material installed on glass: \_\_\_\_\_

Date of original installation: \_\_\_\_\_

Are you the original installer?  Yes  No

For glass breakage and seal failure claims, who should be paid on the claim?  
 Customer                  Dealer                  Glazier

## Automotive Labor Rates

Auto Make & Model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_

Date of original installation: \_\_\_\_\_

			# of windows replaced		Amount of payout	Square feet replaced
Windshield	\$70 each	X	<input type="text"/>	=	<input type="text"/>	<input type="text"/>
Front roll-downs	\$20 each	X	<input type="text"/>	=	<input type="text"/>	<input type="text"/>
Rear roll-downs	\$20 each	X	<input type="text"/>	=	<input type="text"/>	<input type="text"/>
Wings	\$10 each	X	<input type="text"/>	=	<input type="text"/>	<input type="text"/>
Permanents	\$10 each	X	<input type="text"/>	=	<input type="text"/>	<input type="text"/>
Backglass	\$70 each	X	<input type="text"/>	=	<input type="text"/>	<input type="text"/>
<b>Totals</b>			<input type="text"/>		\$ <input type="text"/>	<input type="text"/>

I certify that the above information is true and accurately represents the work performed to replace originally installed 3M™ Window Films on this date.

Customer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Installer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Warranty Claim Instructions

**Note: Claims without both installer and customer signatures will not be processed unless previously approved by the Warranty Team or 3M Sales Rep.**

**Film only, standard flat glass, and standard/non-standard automotive claims should be sent to your distributor.**

**Glass breakage, seal failure, and non-standard flat glass claims should be sent to your distributor and the 3M Window Film Warranty Team at [3Mwindowfilm@mmm.com](mailto:3Mwindowfilm@mmm.com).**

## Warranty Claim

**Glass breakage/seal failure, standard and non-standard film and labor claims (with labor/installed film):**

Return this completed form, including required signatures, along with the following documentation:

- Copy of original customer warranty (photocopy accepted) or warranty ID
- Photos (4) for each window (glass breakage only)
- Manufacturer's Warranty (seal failure only)
- For glass breakage/seal failure only, please include quote or invoice

Contact 3M Warranty Team at 1-866-499-8857 or via email at [3Mwindowfilm@mmm.com](mailto:3Mwindowfilm@mmm.com) with any questions.