



Tire Warranty Claim Checklist

1. Complete the Great Lakes Warranty Hazard Adjustment Form.
2. Have Tire Store Manager complete the Service Representative Section of the form.
3. Enclose a copy of your paid invoice and the Hazard Adjustment form and mail to:

Great Lakes Chemical/Protection Plan
616 West Centre Avenue
Portage, MI 49024
Attention: Sheri Kimberley





GREAT LAKES WARRANTY HAZARD ADJUSTMENT FORM

All items must be filled in to process your claim.

CUSTOMER SECTION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

VEHICLE YEAR AND MAKE _____

WAS TIRE ORIGINAL EQUIPMENT? YES _____ NO _____

VEHICLE MILEAGE _____

VIN NUMBER _____

I/We hereby certify that the merchandise above described was not involved in any incident involving personal injury or property damage other than damage to such merchandise, that such merchandise is free and clear of all liens and that I/We will save Great Lakes harmless from any claims or loss resulting from liens on the aforesaid merchandise, and consent to a refund or credit of excise tax by the Internal Revenue Service to the manufacturer. I/We understand there will be a 10% charge to continue coverage on replacement tire.

CUSTOMER SIGNATURE _____ DATE _____

SERVICE REPRESENTATIVE SECTION

STORE NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE: (_____) _____

TIRE ADJUSTED BRAND NAME _____

SERIAL NUMBER OF DEFECTIVE TIRE _____

ORIGINAL TREAD DEPTH _____ REMAINING TREAD DEPTH %* _____

DESCRIBE DAMAGE _____

IS TIRE REPAIRABLE? YES _____ NO _____

REPLACEMENT TIRE SERIAL NUMBER _____ MAKE _____

COST \$ _____ DEALER SIGNATURE _____ DATE _____

I certify that all above statements are factual to the best of my knowledge.

**Please note tread depth below 50% will be paid at that percentage.*