

## Settlement Fund Claim Form – National Floors Direct, Inc.

In a settlement with the NYC Department of Consumer and Worker Protection (DCWP), National Floors Direct, Inc. (National Floors Direct) has agreed to pay eligible consumers.

You may be eligible for compensation if:

- You paid National Floors Direct for home improvement services for your New York City home between January 1, 2019 and February 5, 2025.

**AND**

- You can demonstrate that National Floors Direct:
  - Failed to perform work in a skillful manner;
  - Damaged your home;
  - Did not perform work or provide materials as agreed, including timing;
  - Charged more than the initial estimated price;
  - Refused to issue a refund; and/or
  - Did not allow cancellation of the contract within three days of signing.

### Instructions:

This form includes four sections (I-IV). You must complete each section. Submit the completed form and supporting documents to DCWP in ONE of the following ways:

- **Mail to:** NYC Department of Consumer and Worker Protection  
Attn: NFD Legal Staff Associate  
42 Broadway, 9th Floor  
New York, NY 10004

**OR**

- **Email to:** [NationalFloorsRestitution@dcwp.nyc.gov](mailto:NationalFloorsRestitution@dcwp.nyc.gov)

DCWP will review and process complete claims in the order it receives them. DCWP will pay compensation until no money remains in the Settlement Fund or the submission deadline, whichever comes first. **The deadline to submit a claim is February 5, 2026.**

Questions? Call (212) 436-0306 or email [NationalFloorsRestitution@dcwp.nyc.gov](mailto:NationalFloorsRestitution@dcwp.nyc.gov).



**Consumer and  
Worker Protection**

**Section I: Contact Information**

Last Name	Suffix ( <i>Jr., Sr., Esq.</i> ) (Optional)	First Name	Middle Name (Optional)
Date of Birth (YYYY-MM-DD) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>			
Home Address ( <i>Building Number, Street Name, Apartment/Suite/Other</i> )			
City	State	ZIP Code	Country/Region ( <i>if outside USA</i> )
Phone 1 (Primary) ( )		Phone 2 (Alternate) ( )	
Email (By providing your email address, you consent to receive communications electronically from DCWP, and you affirm that the email listed is a reliable form of communication for you.)			

Is your Mailing Address the same as your Home Address?  YES  NO

**If NO**, please complete the section below.

Mailing Address ( <i>Building Number, Street Name, Apartment/Suite/Other</i> )			
City	State	ZIP Code	Country/Region ( <i>if outside USA</i> )

**Section II: National Floors Direct Claim Details**

Date of Contract with National Floors Direct:	Total Contract Price: \$
Amount Paid: \$	Claim Amount: \$

1. Did you previously submit a complaint to DCWP about National Floors Direct?

NO       YES

2. Please describe your complaint in detail. Attach additional sheets if necessary.

3. Please check the box(es) that apply to your claim.

National Floors Direct:

- Failed to perform work in a skillful manner;
- Damaged my home;
- Did not perform work or provide materials as agreed, including timing;
- Charged more than the initial estimated price;
- Refused to issue a refund;
- Did not allow cancellation of my contract within three days of signing.

4. What is the reason for your Claim Amount?

5. Have you received any account credits, refunds, or payments related to this Claim from National Floors Direct or a third party, including an insurance company?

- NO       YES

**If YES**, please explain.



## Consumer and Worker Protection

6. Are you aware of any administrative hearing decision, settlement agreement, consent order, judgment, court order, or arbitration award related to your Claim?

NO       YES

If YES, please explain.

### Supporting Documents

You must submit copies of the documents listed below with this Claim.

- Contract, including any change order requests, between you and National Floors Direct.

**AND**

- Proof of payment to National Floors Direct (e.g., receipt, bank or credit card statement, proceeds of a loan in your name paid by a lender to National Floors Direct).

**AND**

- Estimate or invoice from a different home improvement contractor showing the cost to fix or complete the work related to your complaint.

*-OR-*

- Proof of payment to a different home improvement contractor to fix or complete the work related to your complaint.

**Section III: Affirmation**

By typing or printing my name and the date below, I affirm the following under penalty of perjury:

- All of the information in this form is true to the best of my knowledge.
- I understand that neither DCWP nor its employees are my personal attorney.
- I understand that DCWP will determine the amount of any compensation I receive, and that DCWP cannot provide money for insurance, incidental costs, or damages due to pain and suffering.
- I understand that DCWP will mail any compensation with signature required to the Mailing Address I provided in this form.
- I understand that DCWP cannot advise if my compensation is taxable income.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

**Section IV: Release from Future Claims**

By typing or printing my name and the date below, I attest that by accepting payment for the above claim, I will forever release and discharge National Floors Direct, Inc., as well as each of its parents, subsidiaries, affiliates, and each of its respective present and former officers, executives, directors, members, shareholders, administrators, attorneys, agents or employees, predecessors, heirs, executors, and assigns from any and all actions, causes of action, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, controversies, agreements, liabilities, promises, variances, trespasses, damages, judgments, extents, executions, claims, and demands, whatsoever, in law, admiralty, or equity, arising from or relating to the claim set forth in this form.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*