



### **Notice of Demand**

This form allows you to advise us that you have a claim against Superior International Industries, Inc. d/b/a Superior Recreational Products (SRP).

If after 60 days we have not reached a resolution of this matter, either you or SRP may commence arbitration. You may also bring a claim to the small claims court either in the country where you reside or in Carroll County, Georgia. However, under our Terms of Use, these are the only forums your claims may be heard if we do not reach a resolution over the next 60 days.

In order to commence the resolution of your claim, please complete this form. You may include additional information or attachments as necessary. Once completed, you may submit this form to [webmaster@siibrands.com](mailto:webmaster@siibrands.com) or by mailing a copy of this form to:

Superior Recreational Products  
Attn: Marketing Department  
1050 Columbia Drive  
Carrollton, GA 30117

We will acknowledge receipt of this Notice of Claim within five business days. At that time, we will also suggest a possible resolution or a time when we can informally discuss your claim either in person or via the telephone. We may also ask for additional documentation to better understand the nature and background of your Claim.

If you do not hear from us within that time frame, please email [webmaster@siibrands.com](mailto:webmaster@siibrands.com) so we can make sure your claim is not misplaced.

Please complete all sections of this form so we can be sure to understand the particulars of your claim.

770.832.6660 *m*  
770.832.6687 *f*  
1.800.327.8774

1050 Columbia Drive  
Carrollton, GA 30117

[superiorrecreation.com](http://superiorrecreation.com)



Name of Claimant: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date or Dates When Your Claim Arose: \_\_\_\_\_

SRP Customer Representative (if applicable): \_\_\_\_\_

The names of any other SRP employees or contractors with whom you dealt in connection with the events leading to your claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your claim providing relevant details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you discussed your claim with any representative of SRP prior to filing this Claim?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any offer been made by SRP or our representative to resolve this matter? If so, please describe the offer? If you rejected this offer, please explain why.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Describe the nature of the injury or monetary loss you have suffered relating to the Claim.  
What resolution do you desire of this Claim?

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Please provide any other information you believe is or might be relevant to your Claim.

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Are you represented by counsel in connection with this claim? If yes, please provide the name and contact information for your counsel so we may communicate with them directly. If you wish for us to continue to communicate with you and you are represented by an attorney, please provide a letter from your lawyer authorizing us to communicate with you directly. Without this letter, we must communicate with you through your counsel only.

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Please sign this Notice of Claim below. By signing this claim you affirm that the facts stated herein are true to the best of your knowledge and understand that any intentional misstatement of facts in this Notice of Claim can negatively impact the resolution of your claim.

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

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