

WARRANTY REQUEST

FAX TO: Bonnie Bard 717-735-2741

DATE: _____

FROM: _____

FAX#: _____

PHONE#: _____

(SOLD TO company & your name)

Type of warranty requested by specs (fill in all that apply to this project).

1. Paint Warranty # of Years _____ 2. Galvalume Warranty # of Years _____

3. Aluminum Warranty# of Years _____

4. Weathertight Warranty: (Complete by checking "TYPE" AND entering "# YEARS REQUIRED")

Weathertight warranties are not applicable unless shop drawings were approved before start date.

| CHECK TYPE | TYPE OF WARRANTY | UPPER LIMIT OF LIABILITY | COST PER SQUARE | MINIMUM COST | # YEARS REQUIRED |
|------------|------------------|----------------------------|-----------------|----------------|------------------|
| | A-117 | Material Sell Price | \$3.00 | \$1,500 | |
| | I-117 | Material Sell Price | \$6.25 | \$3,000 | |
| | I/A 117 | Material & Installation*** | \$12.50 | \$4,000 | |
| | NDL 117 | No Limit | \$25.00 | \$6,500 | |

***If you checked I/A 117, you need to complete **Total Cost of Installation:** _____.

All weathertight warranties **except** A117 include two inspections in fee cost.

All additional inspections will cost \$1,100 each.

BUILDING OWNER: _____

COMPLETE PROJECT NAME/ADDRESS

ERECTOR'S NAME/ADDRESS

Erector's Phone Number _____

Erector's FAX Number _____

ARCHITECT NAME/ADDRESS

Architect's Phone Number _____

Fabral Profile, Gage, Color _____

Total quantity of roofing panels (in Squares) _____

Fabral Invoice Numbers (Include copies of invoice with fax.) _____

****We cannot process a warranty request without FABRAL invoices, paid in full****

Date of Final Material Shipment: _____

Date of Substantial Completion: _____

Fabral's Customer & Address:

**NOTE: Warranty will be sent to Fabral's customer unless directed otherwise.
12/07-WarReqFm *FORMS MUST BE COMPLETELY FILLED OUT IN ORDER TO PROCESS REQUEST***