

TEN (10) YEAR LIMITED PRODUCT WARRANTY EXPLANATION

For the Sprayed Polyurethane Foam Industry To The Building Owner

The enclosed properly completed Warranty Request Form is required by UNITED COATINGS in order for the **Ten (10) Year Limited Roofing Warranty** to be issued:

1. The Warranty:

This Warranty is a guarantee **to the Building Owner** that the protective coating system will not leak water over a 10-year period due to deterioration as the result of ordinary weather conditions. This Warranty is based on the use of sprayed polyurethane foam, topcoated with an approved UNITED protective roof coating. This Warranty is not to be used for any other purpose unless specifically approved in writing by an officer of UNITED COATINGS.

2. Warranty Request Form:

- A. When the job is completed, the Coating Contractor must submit the Warranty Request Form to UNITED Headquarters for issuance of the Warranty.
- B. The properly completed Warranty Request Form by the Contractor certifies the application to be in accordance with UNITED's current published application instructions.

MAIL TO:
UNITED COATINGS
19011 E. Cataldo
Greenacres, WA 99016

Warranty Number: _____

Date: _____

ATTENTION WARRANTY DEPARTMENT

**WARRANTY REQUEST FORM FOR
TEN (10) YEAR LIMITED ROOFING
PRODUCT WARRANTY PROGRAM**

1. Name of Project: _____

Address: _____

City: _____ State: _____ Zip: _____

2. Name of Approved Contractor: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

3. Name of Architect: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

4. Owner of Building: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Owner's Representative: _____

5. Area: _____ sq. ft.

6. Coating Used: _____ Total Gallons Used: _____

First Coat _____ Second Coat _____ Third Coat _____
(Gallons) (Gallons) (Gallons)

7. Total Dry Mils Required - Total: _____ Topcoat: _____

8. Actual Dry Mils Achieve - Total: _____ Topcoat: _____

9. Date Application a. Commenced _____ b. Completed: _____

I hereby certify that the above information is correct and that this coating application is in accordance with UNITED'S current published Application Instructions as stated. I agree to the terms and conditions of UNITED COATINGS' Ten (10) Year Limited Product Warranty which may be issued pursuant to this Warranty Request Form.

10. Polyurethane Foam

A. Brand: _____

B. Type: _____

C. Density: _____

D. Thickness: _____

Approved Contractor

(Signature)

Printed Name

I have read and understand the following:

_____ Application Instructions
(Product Name)

Date on Application Instructions

