

# **FIFTEEN (15) 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 **Fifteen (15) 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 15-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  
Fifteen (15) 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' Fifteen (15) 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

