

WEATHERTIGHT WARRANTY REQUEST

EMAIL TO: Vinny Macri – vmacri@fabral.com

DATE: _____

FROM: _____

FAX # _____

PHONE # _____

(SOLD TO company & your name)

Email _____

Type of warranty requested by spec (fill in all that apply to the 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	\$500	
	I-117	Material Sell Price	\$6.25	\$3,000	
	I/A 117	Material & Installation***	\$12.50	\$3,500	
	NDL 117	No Limit	\$25.00	\$4,000	

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

All weathertight warranties **except** A-117 include two inspections in fee cost.

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

BUILDING OWNER: _____

PROJECT NAME/ADDRESS _____

ERECTOR'S NAME/ADDRESS _____

Erector's Phone # _____
 Erector's Fax # _____

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 and Address: _____

NOTE: Warranty will be sent to Fabral's customer unless directed otherwise.

****FORMS MUST BE COMPLETELY FILLED OUT IN ORDER TO PROCESS REQUEST****