

COMPLETE AND RETURN THIS PAGE TO CONPROCO BEFORE PROJECT START DATE



Return Completed Form To:

Conproco Corporation
Attn: Warranty Dept.
17 Production Drive
Dover, NH 03820

Email: tveneziano@conproco.com
Fax: (603) 347-8221

APPLICATION FOR WARRANTY

Project Name _____

Project Address _____

Owner _____

Anticipated Project Start Date _____ Requested Warranty Term _____

Area Conproco Distributor _____

Applicator/Contractor Name & Phone _____

Applicator Address _____

Applicator e-mail address _____ Phone # _____

Estimated Area of Conproco Product Application _____

Conproco Products to be applied _____

Substrate (ex. new concrete, old CMU, stone, etc.) _____

By signing below, you certify that you have reviewed and understand the following conditions. In order for any Conproco product to be covered by our extended Materials Limited Warranty, the following conditions must be fulfilled:

- 1) All products must be used in accordance with the most current published technical bulletins, guidelines and specifications. Any product used for an unintended purpose (contrary to those recommended by Conproco) will not be warranted.
- 2) All Conproco products must be installed using appropriate techniques, as determined by current printed specifications and technical data bulletins. Any product installed incorrectly will not be covered by Conproco's warranty. This provision includes, but is not limited to: proper curing conditions, coverage rates, surface preparation.
- 3) If a variance from the published instructions is needed for a sound reason, it may be covered if the variance is listed below, and Conproco issues a written approval prior to the start of the project.

Variance _____

Reason for Variance _____

Applicator's Signature _____ Date _____