

## Coating System Product Registration/Warranty Request Form

Building Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Building Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Building Name: \_\_\_\_\_  
Roof Installation Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Roofing Contractor Company Name: \_\_\_\_\_ Caribe Paint Registered Contractor # \_\_\_\_\_  
Roofing Contractor Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Est. Start Date: \_\_\_\_\_ Est. Completion Date: \_\_\_\_\_ Invoices #: \_\_\_\_\_

### Roofing System Information

Type of installation: (circle): New Construction/Recover/Removal & Replacement  
Existing Roof Membrane System: \_\_\_\_\_  
Work area (square feet): \_\_\_\_\_

If Recover: Existing Insulation (circle): Yes No  
Existing Roof Condition (circle): Good Fair Poor Bad

### Product Information

Primer: \_\_\_\_\_ Application Rate: \_\_\_\_\_ gal. per sq.  
Base Coat: \_\_\_\_\_ Application Rate: \_\_\_\_\_ gal. per sq.  
Application of fabric, if required: \_\_\_\_\_  
First (1) Topcoat: \_\_\_\_\_ Application Rate: \_\_\_\_\_ gal. per sq.  
Second (2) Topcoat: \_\_\_\_\_ Application Rate: \_\_\_\_\_ gal. per sq.

### Terms and Conditions for System Warranty Program

1. Receipt and acknowledgment of this notice does not obligate Caribe Paint to issue warranty. More so, all conditions of the Caribe Paint warranty program for the completed roofing system must be strictly complied with.
2. Acceptance of this application warranty in no way will diminish any responsibility of the roofing contractor.
3. Contractor agrees to give notice of exact dates when work begins and is completed.
4. Contractor agrees to install the roofing system in accordance with the above provided Caribe Paint system and in compliance with published Caribe Paint requirements.
5. Caribe Paint doesn't from the date of installation at his expense to provide labor to remedy all water intrusion/leaks and/or correct any non-conforming condition resulting from deficient workmanship and to meet the installation requirements of Caribe Paint.
6. Take photos before starting work, during (surface cleaning, crack repair and self-leveling) and after (topcoat application).

Documentation for Warranty: Warranty applications must be sent to one the following addresses:  
Papers: PMB 34 HC 01 Box 29030, Caguas PR 00725  
Email: [info@caribepaintpr.com](mailto:info@caribepaintpr.com)

Declaration: By submitting and signing these documents, in paper form or by electronic format, I certify that I agree with the terms and conditions of the warranty and that all the material was bought according to the receipts presented and that they have been installed in accordance with the instructions of the product from the manufacturers Caribe Paint Corp. Submitting false or fraudulent information in this document immediately voids the warranty issued.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_