



SURECOAT SYSTEMS
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WARRANTY APPLICATION

The warranty process must be completed within 30 days of the completion of the project.

Date of Submittal: _____
Contractor: _____
Project Address: _____
Project Completion Date: _____
Property Owner's Name: _____
Property Owner's Phone #: _____
Property Owner's Address: _____
Duration of Warranty: _____
Building/Home Size: _____
Project Substrate: _____
Condition of Substrate: _____
Project square footage: _____
Application Specification: The SCWS to be installed at a minimum coverage rate of _____ gallons per square to total _____ gallons over wall surface of _____ sq. ft.

Responsibility to assess and perform the necessary Scope of Work to correctly install the SCWS properly shall be the sole responsibility of the SureCoat Systems Approved Contractor. Pictures and verbal or written assessment of the proposed project by the Approved Contractor is relied upon by SureCoat Systems to provide a recommendation. The actual system may increase or require an additional Scope of Work for a successful installation.

If you have any questions regarding the warranty requirements, please call our office.

SureCoat Systems

Approved Contractor: _____
Signed by: _____
Name: _____
Title: _____