

**Owner**

Company Name

Contact Person

Address

City State Zip

Phone Number

Installer

Company Name

Contact Person

Address

City State Zip

Phone Number

Project

New

Remedial

Name

**Date of Substantial
Project Completion**

Month

Day

Year

Address

City State Zip

Standard Material Warranty		
Required: Self-performed adhesion test prior to startup		Terms (Years)
Prod. 1		
Prod. 2		
Prod. 3		

Limited Weatherseal Warranty		
Documents Required (see below): 1, 2, and/or 3		Terms (Years)
Prod. 1		
Prod. 2		
Prod. 3		

Limited Structural Adhesion Warranty		
Documents Required (see below): 1, 2, 3, 4		Terms (Years)
Prod. 1		
Prod. 2		
Prod. 3		

Required Documents:	
1	Written Recommended Installation procedure provided to Installer
2	Project / On-site Adhesion Report provided to GE
3	Adhesion / Compatibility Testing validated in GE lab
4	Drawings / Details reviewed by GE

Warranty Term (years)	Product
1-20	All SilPruf*, UltraGlaze*
1-15	SilShield*, Optic*, Elemax*
1-10	SilGlaze II
1-10	SWS, SCS1700, SCS1200

Distributor (NOTE: All warranties will be sent to the selling distributor)**Comments**

Company Name

Contact Person

Address

City State Zip

Phone Number Fax Number

Email

Email to:

WarrantyRequest@momentive.com