



# LAURENCO WATERPROOFING

DIVISION OF FBC CHEMICAL CORPORATION  
P.O. Box 599, Mars, Pennsylvania, 16046 Phone 800-321-3337 Fax 800-543-3338

## REQUEST FOR WARRANTY

This sheet was designed to help ensure all questions get answered in order for us to issue a warranty. To avoid delays, please legibly complete all requested information.

**NOTE:** As of June 1, 2015 all projects seeking a warranty will be charged according to the schedule of fees. No warranties will be issued until the warranty fee is paid. If you have not already done so, please fill out the **Billing Information** form.

**PLEASE PROVIDE COPIES OF ALL SPECIFICATIONS, DETAILS, AND INVOICES FOR LAURENCO MATERIAL.**

### REQUEST FOR (Please Select One)

**BRONZE** - Material Only Warranty

**SILVER** - Material & Labor Warranty

**GOLD** - Material & Labor Warranty - NDL

**GOLD PLUS** - Material & Labor Warranty - NDL  
Includes removal and replacement of pre-approved Overburden

If requesting a Platinum warranty, please contact [sarahhudac@fbcchem.com](mailto:sarahhudac@fbcchem.com) for a Platinum Warranty Request form.

LENGTH OF WARRANTY:

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DATE OF COMPLETION:

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PROJECT NAME

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ADDRESS

---

CITY

STATE

ZIP

---

OWNER

---

ADDRESS

---

CITY

STATE

ZIP

---

REGISTERED LAURENCO CONTRACTOR

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ADDRESS

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CITY

STATE

ZIP

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PHONE

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## GENERAL CONTRACTOR

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ADDRESS

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CITY	STATE	ZIP
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PHONE

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## ARCHITECT

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ADDRESS

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CITY	STATE	ZIP
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PHONE

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## CONSULTANT

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ADDRESS

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CITY	STATE	ZIP
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PHONE

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**AREA OF APPLICATION: WHAT WAS WATERPROOFED? HOW MANY SQUARE FEET? HOW MANY PLIES? SUBMIT ANY DRAWINGS OR SKETCHES.**

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**DOES THE WARRANTY INCLUDE REMOVAL & REPLACEMENT (RESTORATION) OF THE OVERBURDEN?**

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**ANY ADDITIONAL COMPONENTS THAT ARE TO BE WARRANTIED AND FOR HOW MANY YEARS?**

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**EXCLUSIONS – THIS INCLUDES CHANGES OR OMISSIONS FROM ORIGINAL DESIGN AND CHANGES OF INTENDED USE (DESCRIBE IN DETAIL EACH EXCLUSION):**

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PLEASE RETURN TO LAURENCO WATERPROOFING SYSTEMS BY:

**EMAIL: sarahhudac@fbcchem.com**

**Or FAX: 800-543-3338**



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## BILLING INFORMATION:

**As of June 1, 2015 all projects seeking a warranty will be charged according to the schedule of fees. Please fill out the requested information to ensure the proper party is invoiced. No warranties will be issued until the fee is paid.**

Project Name: \_\_\_\_\_

Company Name: \_\_\_\_\_  
(Please use full legal name)

Company Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a fee is applicable, I wish to receive my **invoice** via:

\_\_\_\_\_ Fax: The fax number is: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Attention: \_\_\_\_\_

\_\_\_\_\_ E-Mail: The e-mail address is: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_ Regular Mail

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