

## FIVE (5) YEAR LIMITED MATERIAL WARRANTY SubSeal® Liquid Waterproofing Membranes

National Applied Construction Products, Inc., will replace any SubSeal Liquid Waterproofing Membrane proven defective for a five (5) year period for the original floor. Satisfactory results depend not only on quality products, but also upon factors beyond our control. Therefore, liability, if any, is limited to replacement of our products. Any claim regarding product defect must be received in writing. No claim will be considered without such a written notice.

EXCEPTIONS AND EXCLUSIONS: Professional installation is required. This five (5) year limited material warranty requires that the installation is completed as per instructions and an approved tile installation system meeting ANSI A118.4 requirements. Installation must be completed according to all documentation for SubSeal Liquid Waterproofing Membranes including, but not limited to product packaging, product data sheets, SDS, installation sheets. It does not cover damages or failures as a result of:

- A) Improper application or installation of the SubSeal Liquid Waterproofing Membrane, underlayments, setting materials, or other materials associated with all or part of the system.
- B) Natural disasters (i.e. acts of God, earthquakes, substantial shifting of the substrate, floods, etc.)
- C) Tile not suited or designed for intended use, defective tile, cracked, powdering or discolored grout joints, abrasion from external forces or damage by any acts of negligence, accidents or misuse by anyone. A few general examples include, but are not limited to: walking on or moving heavy equipment over the tile and Membrane system before the system reaches full curing cycle, exceeding the maximum load requirements of the tile and Membrane system, dropping heavy objects on the tile floor, construction within the building causing damage to the floor, etc.
- D) Failure of building owner, installer and/or distributor, depending on the circumstances, to comply with the terms, conditions and limitations stated herein and the National Applied Construction Products, Inc. Terms and Conditions of Sale (incorporated herein by reference) including, but not limited to, payment in full of all invoices for material.
- E) Failures caused by hydrostatic pressure, moisture vapor transmission, puncture, faulty construction of the substrate, substrates that do not meet minimum industry standards, vertical displacement and lateral movement of the substrate beyond the limitations and capability of Membrane.
- F) Defects or failures of the tile installation materials, floor leveling/patching materials, grout, sub-flooring, or other products which may affect the performance of the entire floor.

**HOW TO OBTAIN CLAIM SERVICE:** Should SubSeal Liquid Waterproofing Membrane fail to perform as specified, please complete and return the Five (5) Year Limited Material Warranty Claim Form within thirty (30) days after the defect is discovered. Mailing address: National Applied Construction Products, Inc., 159 South Main Street, Suite 425, Akron, OH 44308. Any questions regarding this warranty can be directed to Customer Service at (800) 633-4622 or (330) 644-3117.

**LIMITATIONS OF LIABILITY:** National Applied Construction Products, Inc. is not responsible for incidental or consequential damages resulting from or arising out of the use of National Applied Construction Products, Inc.'s products. This warranty is in lieu of all other expressed or implied warranty merchantability or fitness for particular purposes are hereby expressly disclaimed in their entirety. This warranty gives you specific legal rights and you may also have other rights which may vary from state to state.

Rev. 7/23



## FIVE (5) YEAR LIMITED MATERIAL WARRANTY REGISTRATION

SubSeal® Liquid Waterproofing Membrane Systems

This form must be submitted to National Applied Construction Products, Inc. within 30 days of project completion in order to be eligible for the warranty.

| PROJECT AND PROJECT OWNER INFORMATION   |                                 |                              |                          |   |                         |
|---|---------------------------------|------------------------------|--------------------------|---|-------------------------|
| Project Name  | ect Name                        |                              | dress                    | (Site of membrane installation)         |                         |
| City  | S                               | tateF                        | Phone                    |   |                         |
| Owner Name  | rompany include a Contact Name) | Address_                     | (Owner's Street Address) |   |                         |
| City  | StateZip                        | Phone                        | (Owner 3 direct Address) | _Email                                  |                         |
| LICENSED TILE OR FLOORING INSTALLER   |                                 |                              |                          |   |                         |
| CompanyLicenseNumber  |                                 |                              |                          |   |                         |
| Contact PersonStreet Address  |                                 |                              |                          |   |                         |
| CityStateZip  |                                 | Phone                        |                          | Email                                   |                         |
| Start Date of InstallationCompletion Date   |                                 |                              |                          |   |                         |
| Date of Membrane Purchase   |                                 | Purchase Order #             |                          | (Please Attach Copy of P.O. or Invoice) |                         |
|   | NAC                             | APPROVED DIS                 | TRIBUTOR/DE              | ALER                                    |                         |
| Company   |                                 |                              |                          |   |                         |
| Contact Person  |                                 | Street Address               |                          |   |                         |
| City  | ,                               | Phone                        |                          | _Email                                  |                         |
| DESCRIPTION OF AREA WARRANTED   |                                 |                              |                          |   |                         |
| APPLICATION   |                                 | SQUARE<br>FOOTAGE            | MEMBRANE<br>NAME         | PRIMER NAME                             | COMPANION PRODUCTS USED |
| FLOOR   | INTERIOR                        |                              |                          |   |                         |
|   | EXTERIOR                        |                              |                          |   |                         |
| WALL  | INTERIOR                        |                              |                          |   |                         |
|   | EXTERIOR                        |                              |                          |   |                         |
| BUILDING TYPE: Commercial Residential Medical Educational Hospitality Other On Grade Above Grade                              |                                 |                              |                          |   |                         |
| INTERIOR SUBSTRATE EXTERIOR SUBSTRATE (Please specify substrate type such as plywood, concrete, existing tile gypcrete, etc.) |                                 |                              |                          |   |                         |
| Radiant Heating/Tile Warn   |                                 |                              |                          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                         |
| Type of Setting Material  | g MaterialMFG                   |                              |                          | Trowel Size                             |                         |
| Type of Latex   | Soft Joir                       | Soft Joint/Caulking Material |                          | MFG                                     |                         |
| Type of Flooring  | Size                            |                              | MFG                      |   |                         |
| Please submit completed Registration Form online to: info@nacproducts.com Rev. 6/23   |                                 |                              |                          |   |                         |