

ALUMINIM RAILING SYSTEM

## **Aluminum Railing Warranty**

Color Guard<sup>®</sup> Inc. warrants that its Aluminum Railing Products are free from manufacturing defects and defects in materials for a period of 15 years. Installations where the atmosphere is influenced by bodies of salt water or other contaminant conditions will be limited to one year against cracking, chipping or peeling. This warranty is extended to the original purchaser and on the original structure which the products were installed.

### CONDITIONS NOT COVERED BY THIS WARRANTY:

- Cover costs of the installation, removal, reinstallation or shipment of product.
- Physical abuse, alteration, misuse, neglect or improper storage.
- Improper installation or installation not in strict adherence to instructions written by Color Guard<sup>®</sup> Inc.
- Damage to the aluminum resulting from movement and/or collapse of the ground or structure on which the railing is installed.
- Product materials that are painted, varnished or coated with any substance.
- Damage attributable to atmospheric pollutants, hail, lightning, hurricane, tornado, wind borne objects, earthquake, fire, mildew, casualty, or acts of God, building or ground settlement.
- Any materials not supplied by Color Guard<sup>®</sup> Inc.

### **CLAIMS AND REMEDIES**

If Color Guard<sup>®</sup> Inc. Aluminum Railing Products are determined to have manufacturing defects which are covered by this warranty, Color Guard<sup>®</sup> Inc. will replace or repair the product containing the defect (labor not included).

Color Guard<sup>®</sup> Inc. will not be responsible for any costs incurred in the removal, replacement installation or reinstallation of the aluminum product.

*Important* - Any claims under this warranty must be made within 30 days after the defect was first discovered or reasonably could have been discovered.

All warranty claims must be submitted in writing to the address listed below and must describe the defect claimed. The homeowner <u>MUST</u> include a copy of the original purchase invoice or receipt and the completed warranty claim form. When possible, photographs may also be submitted. If need be, an authorized Color Guard<sup>®</sup> Inc. representative will contact the homeowner to arrange a time to schedule an on-site inspection.

### Color Guard® Inc. Attn: Warranty P.O. Box 28 Sheboygan Falls, WI 53085

Color Guard<sup>®</sup> Inc. reserves the right to discontinue or change any of its product designs and/or color options. If the original color or design is not available, Color Guard<sup>®</sup> Inc. shall have the right to substitute a product designated by Color Guard<sup>®</sup> Inc. If the customer/homeowner does not elect for substitute, Color Guard<sup>®</sup> Inc. will be released of any and all liability.

Color Guard<sup>®</sup> Inc. shall not be liable for any incidental, special or consequential damages arising out of the use of these products.



# Warranty Claim Form

| Homeowner Information Date                              |                                       |        |  |
|---|---------------------------------------|--------|--|
| Name  |                                       |        |  |
| Address   |                                       |        |  |
| City  |                                       | Zip    |  |
| Phone   |                                       | •      |  |
| Attach copy of original purchase (invoic                | e/receipt). Submit photographs if pos | sible. |  |
| Detailed description of the failure. Inclu              | de photographs if possible.           |        |  |
|   |                                       |        |  |
|   |                                       |        |  |
|   |                                       |        |  |
|   |                                       |        |  |
|   |                                       |        |  |
|   |                                       |        |  |
|   |                                       |        |  |
|   |                                       |        |  |
| CONTRACTOR / INSTALLER INFORMAT<br>Date of Installation | ION                                   |        |  |
| Installer Name  |                                       |        |  |
| Address   |                                       |        |  |
| City  |                                       | Zip    |  |
| Phone   |                                       |        |  |
|   |                                       |        |  |
| PLACE OF PURCHASE                                       |                                       |        |  |
| Date of Purchase  |                                       |        |  |
| Store Name  |                                       |        |  |
| Address   |                                       |        |  |
| City  |                                       |        |  |
| Phone   |                                       |        |  |
|   | —                                     |        |  |

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