



LIFETIME LIMITED WARRANTY

SAMPLE

Home Owner:
Address of Insulated Residence:
Date of Installation:
Insulation Contractor:

(Insulation Contractor is an independent contractor and is neither an employee nor an agent of NCFI.)

NCFI warrants that InsulStar® Spray Polyurethane Foam Insulation, when applied in conformance with local building codes and according to NCFI's recommendations and specifications, will conform to the physical properties listed on the appropriate Technical Data Sheet published at the time of InsulStar installation. This warranty is extended to the original purchaser (Home Owner) of the insulation system and shall remain in force as long as the Home Owner owns the insulated residence.

NCFI will have no liability under this Warranty for defects or failures caused by improper installation; improper storage of materials; damage due to lightning, fire, violent weather, or other acts of God; structural failures or breaks or openings occurring after installation by settling, distortion or other extraordinary events; or penetrations caused by other parties including plant and animal life.

NCFI sole responsibility under this Warranty will be for the replacement of InsulStar spray polyurethane foam chemicals only. NCFI will not be liable for any costs associated with the removal or installation of its insulation products.

To file a claim under the terms of this Warranty, Home Owner must notify NCFI in writing of the defect promptly following its discovery.

This warranty agreement is expressly in lieu of all other warranties and representations, expressed or implied and all other obligations or liabilities on the part of NCFI. That NCFI shall not be responsible in any way for any damage caused to the building or any of its contents by reason of any failure of the NCFI insulation products, it being the intention hereof that the full extent of NCFI's obligation hereunder is provision of additional foam material, as required. NCFI EXPRESSLY DISCLAIMS ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR PURPOSE.

NCFI

by _____ Date _____ Warranty No. _____
Authorized Representative



InsulStar® Warranty Department
NCFI, Div. of Barnhardt Mfg. Co.
P.O. Box 1528, Mount Airy, NC 27030