

WARRANTY REGISTRATION APPLICATION

For Gerard Manufactured Roofing Products

To register and receive a copy of your warranty, please make sure the information requested below has been completed. Then fold, seal and mail within thirty (30) days after installation. **IF THIS WARRANTY IS NOT PROPERLY REGISTERED, THE DURATION OF THIS WARRANTY SHALL BE LIMITED TO TWO (2) YEARS FROM THE DATE OF THE ORIGINAL INSTALLATION.**

Please Print Clearly:

Name of Home Owner(s)

Name of Home Contractor

Street Address

Street Address

City State Zip Code

City State Zip Code

Mailing address if different from above

Phone

Phone

Name of Salesman

Signature of Home Owner(s)

PROFILE: Gerard™ Tile Gerard™ Shake Canyon Shake Granite Ridge Guardian Barrel Vault TOTAL ROOF COST: \$ _____

TRIM: Mission Shake

ROOF COLOR: _____ INSTALLATION DATE: _____ TOTAL SQUARES: _____

GERARD ROOFING SURVEY

Please complete this survey. Your comments are a valuable source of information for us, the manufacturer.

1. REASON FOR CHOOSING A GERARD ROOF?

(Please list 1, 2 & 3 in order of importance)

- | | |
|--|---|
| <input type="checkbox"/> Durability | <input type="checkbox"/> Value |
| <input type="checkbox"/> Lightweight | <input type="checkbox"/> Warranty |
| <input type="checkbox"/> Fire resistance | <input type="checkbox"/> "Over roof" installation |
| <input type="checkbox"/> Appearance | <input type="checkbox"/> Color Selection |
| <input type="checkbox"/> Energy savings | <input type="checkbox"/> Contractor recommended |
| <input type="checkbox"/> Other _____ | |

7. PURCHASE DECISION WAS MADE BY?

- Husband Wife Jointly Individual

8. AGE OF PURCHASER(S)?

- 18-34 35-44 45-54 55+

9. WHERE DID YOU FIRST LEARN ABOUT GERARD ROOFING?

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Magazine |
| <input type="checkbox"/> Home show | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Television Ad. | <input type="checkbox"/> Direct mail |
| <input type="checkbox"/> Neighbor | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> Door Hanger | <input type="checkbox"/> Other _____ |

2. TYPE OF PREVIOUS ROOF?

- Wood shake/shingle Rock
 Asphalt shingle Other _____

3. AGE OF PREVIOUS ROOF?

- Under 10 years 16 - 20 years
 11 - 15 years Over 20 years

4. AGE OF YOUR HOME?

- Under 10 years 16 - 20 years
 11 - 15 years Over 20 years

5. ESTIMATED VALUE OF YOUR HOME?

- Under \$100,000 \$151 - \$250,000
 \$101 - \$150,000 Over \$250,000

6. NUMBER OF INDIVIDUALS IN HOUSEHOLD?

- One Three Five
 Two Four Over five

10. ON A SCALE OF 1 - 5 WITH 5 AS EXCELLENT, PLEASE RATE YOUR INSTALLING CONTRACTOR IN THE FOLLOWING AREAS:

- Quality of workmanship
 Completed job on time
 Left job-site clean
 Overall professionalism

11. WOULD YOU RECOMMEND THE GERARD ROOF TO FRIENDS AND NEIGHBORS?

- Yes No (if "no" please comment)

12. IF YOU WERE REFERRED BY SOMEONE, PLEASE INDICATE

NAME AND ADDRESS: _____

PLEASE USE THE SPACE ON THE REVERSE SIDE TO EXPAND ON ANY OF THE PREVIOUS QUESTIONS OR PROVIDE SUGGESTIONS ON HOW GERARD OR OUR CONTRACTOR NETWORK COULD BETTER SERVE YOU.