

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 Sales Person

Signature of Home Owner(s)

PROFILE: Gerard™ Tile 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)

____ Durability _____ Value
____ Lightweight _____ Warranty
____ Fire Resistance _____ "Over Roof" Installation
____ Appearance _____ Color Selection
____ Energy Savings _____ Contractor recommended
____ 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 (1) Three (3) Five (5)
 Two (2) Four (4) Over five (5 +)

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?

Newspaper Magazine
 Home Show Radio
 Television Ad Direct Mail
 Neighbor Contractor
 Door Hanger Other _____

10. ON A SCALE OF 1 - 5, WITH 5 BEING "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. THANK YOU.

