Date:  
Project Name and Address:  
General Contractor:  
Applicator:  
Owner:  
Date of Application:  
Completion Date:  
Warranty Period:  
Attention:  

Certi-Vex® HBC Tex/Smooth

LIMITED MATERIAL WARRANTY

For a period of Five (5) years commencing on the date on which the concrete surface described herein is coated, Vexcon Chemicals warrants to the owner that the products will remain adhered to the surface without cracking or peeling and will provide resistance to molds, fungi, and water penetration. Material must be applied in accordance to manufacturer’s instructions at the proper film thickness and over suitable clean surfaces. IN THE EVENT THE COATING FAILS TO SO PERFORM AND AS THE EXCLUSIVE REMEDY FOR ANY BREACH OF THIS LIMITED WARRANTY, VEXCON CHEMICALS WILL AT ITS OWN EXPENSE, SUPPLY SUFFICIENT PRODUCT TO REPAIR ANY SUCH FAILURE. This warranty does not apply unless (1) a project conference has occurred with a Vexcon authorized technical representative prior to the application of Vexcon’s products and (2) a Project Conference & Job Survey Form, TN150 has been completed and returned to Vexcon.

It is the responsibility of the contractor to follow all directions and requirements as outlined in Vexcon Product Data Sheet, VW 101. A completed Job Survey form #TN150 must accompany this warranty request. Review the Job Survey form prior to using the Vexcon product.

This limited warranty extends only to conditions arising due to the fault of the material and does not extend to conditions caused by: natural disasters, structural defects, delaminating of previous coating or cementitious overlays as long as the Vexcon coating is adhered to the old coating or overlay, building settling or movement, vandalism or negligence. Any claim under this limited warranty must be presented during the limited warranty period and within 14 days after any covered condition has occurred. Notice shall be in writing to Vexcon Chemicals, 7240 State Rd., Philadelphia Pa., 19135.

The limited warranty period shall not be extended by the replacement of materials under this limited warranty but the remaining limited warranty period shall continue in effect and be applicable to the re-coated areas under conditions of the limited warranty.

Any claim under this limited warranty must be presented during the limited warranty period and within 14 days after any covered condition has occurred. Notice shall be in writing to Vexcon Chemicals, 7240 State Rd., Philadelphia Pa. 19135

Vexcon Chemicals makes no other limited warranties whatsoever with respect to any materials sold thereunder, except that such materials shall conform to Seller's physical specifications therefor in effect at the time of shipment and Buyer acknowledges that it is relying upon no other warranty.
THIS LIMITED WARRANTY IS IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, THOSE CONCERNING MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. THIS LIMITED WARRANTY IS ALSO IN LIEU OF ANY OTHER POSSIBLE LIABILITIES OF VEXCON, WHETHER ALLEGED TO ARISE BY AGREEMENT OR BY OPERATION OF LAW. RESPECTING THE SALE, APPLICATION, USE OR FUNCTION OF VEXCON’ PRODUCTS, INCLUDING BUT NOT LIMITED TO CLAIMS OF NEGLIGENCE, GROSS NEGLIGENCE, STRICT LIABILITY OR ANY OTHER TORT. IN NO EVENT SHALL VEXCON BE LIABLE FOR PERSONAL INJURY OR PROPERTY DAMAGE, REAL OR PERSONAL, ATTRIBUTED TO ITS PRODUCTS, NOR FOR ANY EXCAVATION, REMOVAL, REAPPLICATION, DOWNTIME, CLEANUP, LOSS OF USE, LOSS OF OPPORTUNITY, LOSS OF MARKET VALUE, LOSS OF RENTAL, VALUE OR FOR ANY LOSS OF PROFITS OR OTHER SPECIAL, INCIDENTAL, RESULTING, CONSEQUENTIAL OR EXEMPLARY DAMAGE.)

Authorized by:
Vexcon Chemicals

By(print):   By(sign):_________________________  Date:___________
Darryl Manuel, President
Title:_________________________

Distributor

By(print):   By(sign):_________________________  Date:___________
Title:_________________________

Building Owner:
By(print):   By(sign):_________________________  Date:___________
Title:_________________________

General Contractor:
By(print):   By(sign):_________________________  Date:___________
Title:_________________________

Applicator Contractor:
By(print):   By(sign):_________________________  Date:___________
Title:_________________________