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13-3419 PEMB Warranty Request Form



REQUEST FOR WARRANTIES

E-mail To: CICPwarranties@nucor.com

BUILDER NAME		ERECTION SUBCONTRACTOR (OR "OWN CREW" AS REQ'D)		
BUILDER STREET ADDRESS	CITY	STATE	ZIP CODE	
OWNER NAME				
OWNER STREET ADDRESS	CITY	STATE	ZIP CODE	
NUCOR PROJECT NAME	NUCOR PROJECT NUMBER	SHIP DATE <small>(FOR NUCOR USE)</small>	DATE SENT <small>(FOR NUCOR USE)</small>	
PROJECT STREET ADDRESS	CITY	STATE	ZIP CODE	DATE OF COMPLETION

Warranties Requested <input type="checkbox"/> Material Finish Warranty * <input type="checkbox"/> Workmanship Warranty (1-yr) * <input type="checkbox"/> Workmanship Warranty (Multi-yr) ** <input type="checkbox"/> Weathertight Warranty (NBG Produced Roof System) ** <input type="checkbox"/> NIPG Insulated Panel Warranties ** <input type="checkbox"/> Other/Special **	Warranty Needed	* No Fees.
		** Fees per NBG Purchase Order Agreement.
Material Finish and Workmanship Warranties start dates are based upon shipment date. Weathertightness Warranties start dates are based upon Completion date.		

Please provide information below if execution of warranty documents to be completed via DocuSign.

Builder Contact Name	E-mail Address
End Customer Contact Name	E-mail Address

I understand warranties cannot be issued until all balances are paid in full. I agree to execute the warranties properly and deliver the warranties to our owner in accordance with Nucor Buildings Group brand's instructions.

I certify that the materials covered by this endorsement were in prime condition when installed and that the installation and storage was done in a professional work-like manner in accordance with the Nucor Buildings Group brand's erection drawings and manuals. I understand the requirements of the roof inspection processes as they pertain to any weathertight warranty purchased.

I understand that failure to store and erect materials in accordance with the Nucor Buildings Group brand's instruction exempts Nucor from all liabilities. Purchaser agrees to the provisions of all weathertight warranties for responsibility of the Purchaser through the first 24 continuous months of performance.

This document must be returned within twelve (12) calendar months of the shipment of materials from the Nucor Buildings Group brand.

By signing below, I confirm agreement with the information above.

Signature of Authorized Builder Representative

Date

Authorized Builder Representative Name (Please Print)

Please submit this document to CICPwarranties@nucor.com

For any questions please contact: **Brayson Adkins, NBG Warranties & CICP Administrator**
 Nucor Buildings Group
 2380 Bellbrook Ave, Suite G, Xenia, Ohio 45385
 Phone: 937.600.5075 E-mail: Brayson.adkins@nucor.com

Note: Please Complete all shaded areas above.