



Homeowner Warranty Form

**TOLL FREE Claims Hotline
(877) 906-6267**

There are 3 REQUIRED items in the claims process: Photographs, Proof of Purchase, Proof of Product

Samples of building products are not required!! Missing information will result in an automatic denial until all required items are submitted.

CONTACT INFORMATION

Name: _____ Spouse: _____

Property Address _____ City _____ St _____ Zip _____

County _____ Township _____

Mailing Address (if different than above) _____ City _____ St _____ Zip _____

Home Ph # _____ Cell Ph # _____ Fax Ph # _____ Spouse # _____

1. Date Installed (month/year): _____ Installer/Dealer Name: _____

2. Manufacturer Name: _____ Brand: _____ Color: _____

3. Size of Panel (measure vertically): 4" 5" 8" Other _____

4. Check description of claimed defect: Different Colors Hail Paint Peel Excessive Fade Other _____

5. Identify the product you are making the claim against: Trim Coil Fascia Contours Gutter Gutter Guard
 Downspouts/Elbows Aluminum Siding Aluminum Soffit Gutter Goalie Other _____

6. Check direction of sides affected: West East South North

7. Have you previously filed a claim regarding this product? Yes No Previous Claim # _____

8. Type of building you live in: Cape Cod Ranch Bi-Level Two Story Split-Level Condo/Townhouse Apartment Bldg

9. Is there any visible discoloration: Yes No **If yes, answer the following questions to the best of your ability:**

a) Is the discoloration even or "checkerboard" on the wall? Even Uneven

b) Which side of the house is discolored? West East South North

c) Do you clean the products? Yes No How often do you clean them? _____

d) How do you clean the products? Powerwash Warranty Instructions Garden Hose Other _____

e) Do you live near an industrial area or airport? Yes No If yes, how far? Less than 1/2 mile 1 mile Other _____

f) Near the ocean or a Saltwater body of water? Yes No If yes, how far? Less than 1/2 mile 1 mile Other _____

10. Are you the original owner of the product? Yes No **If no, please answer below.**

a) 2nd owner of the building product on the home Yes No Warranty transferred? Yes No Year Purchased _____

b) 3rd, 4th, etc. of the building product on the home Yes No Warranty transferred? Yes No Year Purchased _____

11. Write the Siding ID number if you are using as proof of product: _____

12. Write your square measurement from your worksheet here. _____
(This is the size of your home)

Signature: _____ Date: _____

Electronic signatures are valid for legal purposes as a written signature.

RETURN THIS FORM TO: ALERIS ROLLED PRODUCTS, INC. CLAIMS DEPT. 1 REYNOLDS RD, P. O. BOX 197 ASHVILLE, OH 43103

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