



## LIFETIME GLASS BREAKAGE WARRANTY

NT Window will warrant the insulated glass, manufactured by NT Window, and outsourced insulated glass used in replacement windows and new construction windows for the lifetime of the original homeowners. In the case of new construction windows, this warranty is valid for the original, new homeowner. This warranty covers breakage for as long as the original resident purchaser resides in the home in which the windows were installed. Breakage attributed to improper installation, fire, flood, acts of God, riot or civil disorder, or building settlement will not be covered under this Lifetime Glass Breakage Warranty.

### **Claim**

Any claim for defect under this Warranty should be submitted to NT Window, P.O. Box 40547, Fort Worth, TX 76140. The claim must have the original date of purchase and the original invoice number for the window. A copy of the warranty must be included.

### **Labor**

Labor costs are not included under this warranty. Neither NT Window, the above manufacturers, nor the contractor will be responsible for any costs incurred in the removal, replacement installation or reinstallation of the insulated glass unit.

### **Repair Procedure**

Replacement parts will be shipped to the nearest NT Window, distributor or dealer and must be picked up by the customer. Shipping and handling charges, where applicable, will be the responsibility of the customer.

### **Other Warranty Considerations**

The warranty statements contained in this Certificate set forth the only express warranties extended by NT Window for the insulating glass units, and the provisions hereof shall constitute the purchaser's exclusive remedy for break of this Warranty given under this certificate. NT Window shall not be liable to property owner for incidental or consequential damage for breach of any written or implied warranty on insulating glass units.

### Glass Breakage Warranty Activation Card

#### Homeowner Information (please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Telephone \_\_\_\_\_

#### Contractor Information (please print)

Contractor Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone \_\_\_\_\_

#### Product Information

Number of Windows Purchased \_\_\_\_\_

Installation Date \_\_\_\_\_

Invoice Number \_\_\_\_\_

Zip \_\_\_\_\_

#### Please remit to:

NT Window Inc.

Attn: Warranty Department

P.O. Box 40547

Fort Worth, Texas 76140

To activate your warranty please complete and mail a copy of bottom section within 30 days of installation. Please retain a copy for your records.

POLICY #

**SAMPLE**