



Saf-T Liner Stainless Steel Chimney Liner Limited Warranty

Heat-fab, Inc. warrants to the original consumer purchaser that the Type 304 Saf-T Liner will be free from defects in material or manufacturer's workmanship when properly installed with Saf-T Wrap insulation pursuant to the manufacturer's installation instructions and according to the local building codes, when used under normal conditions as connector pipe or chimney relining material for Wood Burning residential appliances Tested and Listed by a recognized laboratory, or site built masonry fireplaces and when inspected and cleaned by a certified professional at the consumer's expense at intervals of no more than twelve (12) months, commencing from the date of purchase, as verified below. Type 316 Saf-T Liner will be free from these same defects when connected to coal burning appliances for a period of 10 years.

In order to obtain warranty service, the consumer must give prompt written notice of any defect to Heat-fab, Inc. at its current address or via e-mail to mail@heat-fab.com. The sole responsibility of Heat-fab, Inc. shall be to replace those lengths of liner found to be defective upon return F.O.B. to the Heat-fab factory. Heat-fab, Inc. shall not be responsible for the cost of removing or installing the lengths which are subject hereto, nor shall it be liable for any special, incidental or consequential damages or expenses incurred by the consumer.

This warranty gives the consumer specific legal rights, in addition to any other rights which may pertain, which vary from state to state.

Year 1 Maintenance Done By _____ Date _____	Year 2 Maintenance Done By _____ Date _____	Year 3 Maintenance Done By _____ Date _____	Year 4 Maintenance Done By _____ Date _____
Year 5 Maintenance Done By _____ Date _____	Year 6 Maintenance Done By _____ Date _____	Year 7 Maintenance Done By _____ Date _____	Year 8 Maintenance Done By _____ Date _____
Year 9 Maintenance Done By _____ Date _____	HOMEOWNER KEEP FOR YOUR RECORDS		Year 10 Maintenance Done By _____ Date _____

Name _____

Address _____

City, State, Zip _____

Installing Company _____

Address _____

Phone () _____

Date of Installation _____

Installed by _____