

Coating Product Registration/Warranty Request Form

Applications to be submitted prior to project start.

No extended warranty will be issued until all forms are completed and monies are paid and on file at Polyglass, USA.

LIMITED MATERIAL COATING WARRANTY	LIMITED LABOR & MATERIAL COATING WARRANTY	COATING SYSTEM WARRANTY
<input type="checkbox"/> W5MCW 5-YEAR	<input type="checkbox"/> W5LMCW 5-YEAR	<input type="checkbox"/> Send to Owner Instead of Contractor <input type="checkbox"/> W5CSW 5-YEAR \$0.03/ft ² : \$300.00 minimum fee
<input type="checkbox"/> W10MCW 10-YEAR	<input type="checkbox"/> W10LMCW 10-YEAR	<input type="checkbox"/> W10CSW 10-YEAR \$0.05/ft ² : \$750.00 minimum fee
<input type="checkbox"/> W15MCW 15-YEAR	<input type="checkbox"/> W15LMCW 15-YEAR	<input type="checkbox"/> W15CSW 15-YEAR \$0.07/ft ² : \$1750.00 minimum fee
<input type="checkbox"/> W20MCW 20-YEAR	<input type="checkbox"/> W20LMCW 20-YEAR	<input type="checkbox"/> W20CSW 20-YEAR \$0.09/ft ² : \$2250.00 minimum fee

Special Note: Warranties in designations other than shown above are self-executing and not reviewed by Polyglass. Polyglass makes no statement as to the appropriateness or suitability to systems it does not have the opportunity to review via this product/warranty application prior to execution. All information is required to be filled out. If it does not apply, put N/A.

Owner's Name: _____ Phone #: _____

Complete Address: _____

Building Name: _____

Complete Address: _____

Contractor Company Name: _____

Complete Address: _____

Phone #: _____ Email: _____ Polyglass Registered Contractor #: _____

Est. Start Date: _____ Est. Completion Date: _____

Polyglass Sales Representative: _____

SYSTEM INFORMATION:

Type of installation: New Construction Recover Removal & Replacement If Recover: Existing Insulation: Yes No

Existing Roof Membrane System (if recover): _____ Smooth Granulated Coated Metal Non-Coated Metal

Type of Deck: _____ Deck Slope _____/12 Percent of roof with ponding water: _____%

Sq. Feet of Roof Area Covered: _____ Primer: _____ Application Rate: _____ gal. per sq.

Sq. Feet of Flashing Area: _____ Base Coat/Fabric: _____ Application Rate: _____ gal. per sq.

Total Sq. Feet of Project: _____ Intermediate Coat(s): _____ Application Rate: _____ gal. per sq.

Application of fabric, if required: _____ Surface Coat(s): _____ Application Rate: _____ gal. per sq.

New PolyPUF (thickness & density): _____ New Insulation Type: _____ Thickness: _____

Coverboard: _____ Thickness: _____ Attachment Type: _____

POLYGLASS U.S.A., Inc.
 Warranty Department
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 (954) 233-1369 FAX (954) 418-4453

Email: Warranty@polyglass.com
 Website: www.polyglass.us



- (A.) Notification of contract award from the contractor must be received at least fourteen (14) days prior to start of application of roofing products for all system warranty jobs.
- (B.) Receipt and acknowledgment of this notice does not obligate Polyglass to issue warranty. More so, all conditions of the Polyglass warranty program for the completed system must be strictly complied with.
- (C.) Acceptance of this application warranty in no way will diminish any responsibility of the roofing contractor.
- (D.) Contractor agrees to give Polyglass notice of exact dates when work begins and is completed.
- (E.) Contractor agrees that during the first two (2) years should inspection by Polyglass reveal deficient or non-compliant workmanship, the roofing contractor will make necessary repairs at his own expense and in a manner satisfactory to Polyglass.

If repairs are not made within thirty (30) days of written notice to contractor, then at Polyglass' discretion, repairs may be made by others. Polyglass shall be reimbursed for those repairs immediately.

- (A.) Should inspection reveal deficient workmanship, and require repairs by the contractor necessitating a re-inspection, the cost of any re-inspection by a Polyglass representative(s) will be borne by the contractor.
- (B.) Polyglass assumes no responsibility for specification, construction or design of the building including the roof system, except as stated in the roofing warranty.
- (C.) This application must be authorized and signed by an officer or owner of the contracting company.
- (D.) Contractor agrees to install the Polyglass coatings system in accordance with the above provided Polyglass system and in compliance with published Polyglass requirements.

The undersigned roofing contractor requests approval to install the Polyglass system, in accordance with the Polyglass specifications and agrees to be bound by all terms and conditions set forth in this application. The undersigned contractor agrees for a period of two (2) years from the date of installation at his expense to provide labor to remedy all water intrusion/leaks and/or correct any non-conforming condition resulting from deficient workmanship and to meet the installation requirements of Polyglass, USA.

Signature and Title of Contractor: _____ Date: _____

O	SOIL STACK	□	SUPPORT CURBS	PP	PIPE PENETRATION
G	GUTTER EDGE STRIP	D	ROOF DRAIN	ME	METAL EDGE
C	ROOF CURB	X	PITCH PAN	P	ARAPET WALL FLASHING
O	SKYLIGHT/AC UNIT	W	HIGH WALL FLASHING		

ROOF SKETCH (OR ATTACH DRAWING)