

POLYGLASS U.S.A., Inc.
 Warranty Department
 1111 W. Newport Center Drive, Deerfield Beach, FL 33442
 (954-233-1369 FAX (954) 418-4453

E-mail: warranty@polyglass.com
 Website: www.polyglass.us



Step Slope **Polystick Product Registration/Warranty Request Form**

POLYSTICK LABOR & MATERIAL		
<input type="checkbox"/>	W10 L&M	10-YEAR
<input type="checkbox"/>	W20 L&M	20-YEAR
<input type="checkbox"/>	W30 L&M	30-YEAR
<input type="checkbox"/>	*W30 L&MNDL	30-YEAR (*applicable 2 ply systems only)

Special Note: 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. * Not all warranty options available to all States

Building Owners Name: _____		Phone #: _____	
Building Owners Address: _____		City: _____	State: _____ Zip: _____
Building Name: _____			
Roof Installation Address: _____		City: _____	State: _____ Zip: _____
Roofing Contractor Company Name: _____		Polygalas RC# _____	
Roofing Contractor Address: _____		City: _____	State: _____ Zip: _____
Phone: _____	Fax: _____	Email: _____	
Est. Start Date: _____		Estimated Completion Date: _____	

ROOFING SYSTEM INFORMATION:			
Type of Installation: <input type="checkbox"/> New Construction <input type="checkbox"/> Recover <input type="checkbox"/> Removal & Replacement <u>If Recover Existing Insulation:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Existing Roof Membrane System: _____			
Type of Deck: _____	ROOF SLOPE: _____		
Square Feet of Roof Area Covered: _____	Anchor Membrane (if applicable): _____		
Square Feet of Flashing Area: _____	Polystick Underlayment: _____		
Total Square Feet of Project*: _____	*Steep Roof Covering System and Attachment: _____		
(If Applicable):	Manufacturer: _____		
New Insulation Type: _____	Method Attachment: _____		
Thickness: _____	Fastening Pattern # _____		#/FT ² _____
Fastener Type: _____	Method of Attachment: _____		
Coverboard: _____			

*Proper Back-nailing of the Membrane(s) is required to all slopes 3/12 or greater

POLYGLASS U.S.A., Inc.

Warranty Department
 1111 W. Newport Center Drive, Deerfield Beach,
 FL 33442
 (954-233-1369 FAX (954) 418-4453

E-mail: warranty@polyglass.com
 Website: www.polyglass.us

TERMS AND CONDITIONS FOR SYSTEM WARRANTY PROGRAM

- (A.) Notification of contract award from the roofing 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 roofing 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.
- (F.) 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.
- (G.) Polyglass assumes no responsibility for specification, construction or design of the building including the roof system, except as stated in the roofing warranty.
- (H.) This application must be authorized and signed by an officer or owner of the contracting company.
- (I.) Contractor agrees to install the Polyglass roofing 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. Polyglass reserves its right to not issue the requested warranty unless; 1) this application is received in advance of the start of work, 2) all project and product related information related to the project is compliant to that submitted for approval, 3) required dry film coating samples do not comply with submitted or otherwise deemed acceptable to Polyglass.

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	PARAPET WALL FLASHING
O	SKYLIGHT/AC UNIT	W	HIGH WALL FLASHING		

ROOF SKETCH (OR ATTACH DRAWING)

