

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.com



Low Slope

Product Registration/Warranty Request Form

APPLICATIONS TO BE SUBMITTED PRIOR TO PROJECT START. NO WARRANTY WILL BE ISSUED UNTIL ALL FORMS ARE COMPLETED, ON FILE AT POLYGLASS, ALL MONIES PAID, FINAL OBSERVATION IS EXECUTED AND ANY PUNCH LIST ITEMS COMPLETED.

LIMITED MATERIAL AND LABOR & MATERIAL WARRANTY	ROOFING SYSTEM WARRANTY
<input type="checkbox"/> W10 LM 10-YEAR	<input type="checkbox"/> W10RSW 10-YEAR \$0.05/ft ² : \$300.00 minimum fee
<input type="checkbox"/> W12 LM 12-YEAR	<input type="checkbox"/> W12RSW 12-YEAR \$0.06/ft ² : \$400.00 minimum fee
<input type="checkbox"/> W15 LM 15-YEAR	<input type="checkbox"/> W15RSW 15-YEAR \$0.10/ft ² : \$600.00 minimum fee
<input type="checkbox"/> W20 LM 20-YEAR	<input type="checkbox"/> W20RSW 20-YEAR \$0.12/ft ² : \$1000.00 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.

Building Owner's Name: _____	Phone #: _____
Building Owner's Address: _____	City: _____ State: _____ Zip: _____
Building Name: _____	
Roof Installation Address: _____	City: _____ State: _____ Zip: _____
Roofing Contractor Company Name: _____	Polyglass Registered Contractor # _____
Roofing Contractor Address: _____	City: _____ State: _____ Zip: _____
Phone #: _____ Fax: _____	Email: _____
Est. Start Date: _____	Est. Completion Date: _____

ROOFING SYSTEM INFORMATION:	
Type of installation: (circle): New Construction Recover Removal & Replacement If Recover: Existing Insulation (circle): Yes No	
Existing Roof Membrane System: _____ Existing Roof Condition (circle): Good Fair Poor Bad	
ROOF SLOPE: _____	Type of Deck: _____
Square Feet of Roof Area Covered: _____	Base Membrane: _____
Square Feet of Flashing Area: _____	Mid/Intermediate Ply: _____
Total Square Feet of Project*: _____	Cap Sheet Membrane: _____
	Surface Coating (if any): _____
New Insulation Type: _____	Manufacturer: _____ #/FT ² _____
Thickness: _____	Method Attachment: _____
Fastener Type: _____	Fastening Pattern # _____
Coverboard: _____	Manufacturer: _____ #/FT ² _____
Thickness: _____	Method Attachment: _____
Fastener Type: _____	Fastening Pattern # _____

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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. Moreso, 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	ARAPET WALL FLASHING
O	SKYLIGHT/AC UNIT	W	HIGH WALL FLASHING		

ROOF SKETCH (OR ATTACH DRAWING)