



A member of the Icopal Group



APPLICATION FOR ROOF GUARANTEE

One form must be completed for each building prior to shipment of materials

Date: _____ Estimated start date: _____ Total no. of squares: _____

GUARANTEE COVERAGE REQUESTED

DURATION:

- 5 year – Materials Guarantee
- 10 year
- 10 + 5 year* Prepaid? Yes No
- 10 + 10 year* Prepaid? Yes No
- 15 year*
- 20 year*
- Other _____

COVERAGE TYPE: (must select one below)

- Roof **Membrane** Guarantee
(Includes Siplast roofing and flashing membranes)
- Roof **System** Guarantee
(Includes Siplast Lightweight Insulating Concrete System)
- Roof **Membrane/System** Guarantee
(Includes rigid insulation supplied by Siplast)

OTHER OPTIONS:

- Insulation Inclusion Addendum
*(Includes rigid insulation not supplied by Siplast/Icopal)**
- Paraguard/Proform Inclusion Addendum

*Additional guarantee charge applicable
NOTE: A \$300 charge applies to all jobs under 50 squares

Project Specifications: Submitted herewith To follow

Does project require payment and performance bonds? Yes No

Roof drawing showing dimensions and penetrations:

Submitted herewith To follow

Project name: _____

Address: _____

Building name or area: _____

City/state/zip: _____

Use of building: _____

Tax exempt no: _____

Owner of building: _____

Address: _____

Owner contact (name & phone no.): _____

City/state/zip: _____

Architect: _____

Address: _____

Phone number: _____

City/state/zip: _____

General contractor: _____

Address: _____

Phone number: _____

City/state/zip: _____

Lightweight concrete applicator: _____

Address: _____

Phone number: _____

City/state/zip: _____

Roofing contractor: _____

Address: _____

Phone number: _____

City/state/zip: _____

SIPLAST MATERIALS:

QUANTITIES:

- 1. _____
- 2. _____
- 3. _____

SIPLAST MATERIALS:

QUANTITIES:

- 4. _____
- 5. _____
- 6. _____

SIPLAST ACCESSORIES:

- Insta-Stik **supplied by Siplast/Icopal**
- PA-1125 Primer
- PA-1021 Cement
- PS-304 Sealant
- PC-227 Coating
- PA-828 Cement

Mopping Asphalt: Asphalt note: Approved ASTM D 312 Type IV asphalt is required / Siplast PA-100 Asphalt is required for all extended guarantees.

Asphalt manufacturer: _____ Location: _____

To be certified? Yes No

If Tear Off: (complete removal of all roofing materials to the structural deck)

Does water stand more than 24 hours after a rain? If yes, to what extent: _____

If Recover: Age of existing assembly: _____ yrs. Cause of failure: _____

Composition (including all assembly components above the structural deck): _____

Method of attachment (include type of fastener): _____

Quality of attachment: Well secured Needs reattachment Method of reattachment: _____

Does water stand more than 24 hours after a rain? Yes No If yes, to what extent: _____

Condition of existing assembly: _____

Proposed preparation of exiting assembly: _____

Preparation of surface to be roofed: _____

If Partial Tear Off: (Removal of a portion of the existing roof system(s) with specified components to remain for overlayment with Siplast system.)

Age of existing assembly: _____ yrs. Cause of failure: _____

Does water stand more than 24 hours after a rain? Yes No If yes, to what extent: _____

Composition (including all assembly components above the structural deck): _____

What components will be torn off? _____

Quality of attachment of remaining components: Well secured Needs reattachment Method of reattachment: _____

NOTE: ALL WET AREAS MUST BE REMOVED PRIOR TO THE INSTALLATION OF A SIPLAST ROOF SYSTEM

ROOF CONSTRUCTION NO. 1

Specific roof area name/no: _____

Siplast specification number: _____

Siplast roof system: _____ / _____ / _____
(Base ply) (Intermediate ply) (Finish ply)

Squares: _____

Siplast flashing membrane: Veral _____

Parapro Paradiene 40 RP Parafor 50 LT

Project type: New construction Complete tear off Partial tear off Recover

Roof deck: Type: _____

Thickness/gauge: _____ Slope per foot: _____

Temporary roof: Type: _____

Method of application: _____

Vapor retarder: Type: _____

Method of application: _____

New Lightweight Insulating Concrete: NVS® ZIC® Insulcel® Zonocel® Other _____ New slope per foot: _____

Vent sheet or base sheet:

Paravent FS Parabase FS Parabase Plus

Other: _____

Manufacturer: _____

Method of application: _____

Fastener type: _____

New Rigid Insulation: Note: When applied in hot asphalt or insulation adhesive, insulation panel size cannot exceed 4 feet by 4 feet.

Bottom layer (or single layer if insulation is applied in one layer):

Type: _____

Thickness: _____ Size: _____

Type of fastener: Parafast Other _____

Manufacturer: _____

Attachment method : Siplast Insta-Stik Other _____

Manufacturer: _____

Middle layer (if insulation is applied in three layers):

Type: _____

Thickness: _____ Size: _____

Manufacturer: _____

Attachment method : Siplast Insta-Stik Other _____

Top layer (if insulation is applied in two or more layers):

Type: _____

Thickness: _____ Size: _____

Type of fastener: Parafast Other _____

Manufacturer: _____

Attachment method : Siplast Insta-Stik Other _____

Manufacturer: _____

Authorized Contractor Representative

Signed: _____

Print Name: _____ Date: _____

Authorized Siplast/Icopal Representative

Approved by: _____ Date: _____

Comments: _____

ROOF CONSTRUCTION NO. 2

Specific roof area name/no: _____ Squares: _____
 Siplast specification number: _____ Siplast flashing membrane: Veral _____
 Siplast roof system: _____ / _____ / _____
 (Base ply) (Intermediate ply) (Finish ply) Parapro Paradiene 40 RP Parafor 50 LT

Project type: New construction Complete tear off Partial tear off Recover

Roof deck: Type: _____ **Temporary roof:** Type: _____
 Thickness/gauge: _____ Slope per foot: _____ Method of application: _____

Vapor retarder: Type: _____ Method of application: _____

New Lightweight Insulating Concrete: NVS® ZIC® Insulcel® Zonocel® Other _____ New slope per foot: _____

Vent sheet or base sheet: Manufacturer: _____
 Paravent FS Parabase FS Parabase Plus Method of application: _____
 Other: _____ Fastener type: _____

New Rigid Insulation: Note: When applied in hot asphalt or insulation adhesive, insulation panel size cannot exceed 4 feet by 4 feet.

Bottom layer (or single layer if insulation is applied in one layer): Manufacturer: _____
 Type: _____ Attachment method : Siplast Insta-Stik Other _____
 Thickness: _____ Size: _____
 Type of fastener: Parafast Other _____ Manufacturer: _____

Middle layer (if insulation is applied in three layers): Manufacturer: _____
 Type: _____ Attachment method : Siplast Insta-Stik Other _____
 Thickness: _____ Size: _____

Top layer (if insulation is applied in two or more layers): Manufacturer: _____
 Type: _____ Attachment method : Siplast Insta-Stik Other _____
 Thickness: _____ Size: _____
 Type of fastener: Parafast Other _____ Manufacturer: _____

ROOF CONSTRUCTION NO. 3

Specific roof area name/no: _____ Squares: _____
 Siplast specification number: _____ Siplast flashing membrane: Veral _____
 Siplast roof system: _____ / _____ / _____
 (Base ply) (Intermediate ply) (Finish ply) Parapro Paradiene 40 RP Parafor 50 LT

Project type: New construction Complete tear off Partial tear off Recover

Roof deck: Type: _____ **Temporary roof:** Type: _____
 Thickness/gauge: _____ Slope per foot: _____ Method of application: _____

Vapor retarder: Type: _____ Method of application: _____

New Lightweight Insulating Concrete: NVS® ZIC® Insulcel® Zonocel® Other _____ New slope per foot: _____

Vent sheet or base sheet: Manufacturer: _____
 Paravent FS Parabase FS Parabase Plus Method of application: _____
 Other: _____ Fastener type: _____

New Rigid Insulation: Note: When applied in hot asphalt or insulation adhesive, insulation panel size cannot exceed 4 feet by 4 feet.

Bottom layer (or single layer if insulation is applied in one layer): Manufacturer: _____
 Type: _____ Attachment method : Siplast Insta-Stik Other _____
 Thickness: _____ Size: _____
 Type of fastener: Parafast Other _____ Manufacturer: _____

Middle layer (if insulation is applied in three layers): Manufacturer: _____
 Type: _____ Attachment method : Siplast Insta-Stik Other _____
 Thickness: _____ Size: _____

Top layer (if insulation is applied in two or more layers): Manufacturer: _____
 Type: _____ Attachment method : Siplast Insta-Stik Other _____
 Thickness: _____ Size: _____
 Type of fastener: Parafast Other _____ Manufacturer: _____

<p>Authorized Contractor Representative Signed: _____ Print Name: _____ Date: _____</p>	<p>Authorized Siplast/Icopal Representative Approved by: _____ Date: _____ Comments: _____</p>
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