

Chemical Resistant Material & Labor Warranty Application Instructions

Please follow the terms and conditions below for Polyguard's Chemical Resistant Material & Labor Warranty project needs.

The following documentation & information is required:

- A completed Architectural Warranty Application
 - a. Complete all sections of the warranty application:
 - 1) Project & Project Type
 - 2) Owner *(include all contact info)*
 - 3) Installer *(include all contact info)*
 - 4) Architect/Engineer *(include all contact info)*
 - 5) Consultant *(include all contact info) (If there is no consultant on the project, please list "N/A")*
 - 6) General Contractor *(include all contact info)*
 - 7) Distributor *(include all contact info)*
 - 8) Type and Amount of Material Used
 - 9) Accessories
 - *Include all accessories required with the system including quantities of drainboard or protection board when required. If protection or drainboard is by others then note what was used in the additional notes section on page 2 of the application.*
 - 10) Surfaces/Substrates
 - 11) Dates
 - 11a. Installation Completion Date
 - 11b. Substantial Completion Date*

NOTE: these 2 dates will not be the same date.

** When needing a warranty by Substantial Completion Date per statement on Specification, both dates are required.*
 - 12) Specification Requirement acknowledgment
 - 13) Warranty Requested *(select term according to specification requirement)*
 - 14) Email Address for Warranty Issuance
 - 15) Signature *(complete entire section)*
 - A copy of the Project Specification.

The completed Warranty Application & Specification must be submitted to archtech@polyguard.com before Polyguard reviews and commits to providing the warranty.
 - Verification that the distributor has been paid by the contractor for installed products.

(As a courtesy to our distributors, Polyguard will contact the distributor)
 - The applicator shall have at least three (5) years of experience in applying the types of specified materials; and specifically accepted in writing by Polyguard Technical Services Department. Certain projects may require Polyguard's applicator training.
 - Polyguard products and accessories shall be installed as part of the system and according to manufacturer specifications, recommendations and details. System products not supplied by Polyguard require written approval by Technical Services Department prior to installation.
 - Pictures – showing during and after installation completion *(may be included on Observation Report)*
 - Observation Report of approved installation and all non-conformances submitted to Polyguard with corrections made.
 - Price per Square foot / minimum payable to Polyguard Products, Inc. prior to the warranty issuance:
 - a. Contact your Polyguard Technical Representative for your project pricing or submit a request by clicking [here](#).

Due to the need for this type of warranty, please understand that Polyguard Products, Inc requires more time for processing this type of warranty. When there is a charge for labor upon warranty application completion, an invoice is created & sent to the contractor. Once payment has been received and cleared, the approved warranty will be sent to the email address provided on the application.

Please **DO NOT** use this application for:

- Material Warranties less than 5 years*
- Material Warranties greater than 5 years*

*Email our Technical Services Department at archtech@polyguard.com for required application.

MATERIAL & LABOR PRODUCT WARRANTY FORM

Warranty issue date will be based upon completed application of these products.

Email the completed form to: archtech@polyguard.com

1. Project:		Project Type (check one)	
Building: _____		1 Mass Transit	11 Military facilities
Street Address: _____		2 Parking garages	12 Churches
City, State and Zip: _____		3 Office bldgs/hdqtrs	13 Retail
2. Owner:		4 Stadiums / Arenas	14 Residential–single*
Owner: _____		5 Entertainment Complex	15 Residential–multi *
Street Address: _____		6 Medical	16 Industrial
City, State and Zip: _____		7 Schools/Universities	17 Hotels / Motels
Attention: _____		8 Convention Centers	18 Utilities
		9 Government Facilities	19 Other – not listed
		10 Airports	

*No warranties are issued for Underseal™ on residential projects

3. Installer:

Firm: _____

Street Address: _____

City, State and Zip: _____

Attention: _____ Phone: _____ ext: _____

4. Architect / Engineer:

Firm: _____

Street Address: _____

City, State and Zip: _____

Attention: _____ Phone: _____ ext: _____

5. Consultant:

Firm: _____

Street Address: _____

City, State and Zip: _____

Attention: _____ Phone: _____ ext: _____

6. General Contractor:

Firm: _____

Street Address: _____

City, State and Zip: _____

Attention: _____ Phone: _____ ext: _____

7. Distributor:

Firm: _____

Street Address: _____

City, State and Zip: _____

Attention: _____ Phone: _____ ext: _____

8. Type and Amount of Material Used:

Product Used	Application Type (please specify by type listed below) Elevator, Foundation, Mechanical Interior, Plaza/Deck, Tunnel, Other (describe)	U / M	Quantity
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Sheet-Applied Waterproofing:

	Horizontal Application	Vertical Application	Application Type	Sq. Ft.
Underseal Underslab:	_____	_____	_____	_____
Underseal Blindside:	_____	_____	_____	_____
Underseal PRM:	_____	_____	_____	_____
650 Membrane:	_____	_____	_____	_____

Other:

Other (Explain):	Brand	Application Type	Sq. Ft.
Other (Explain):	_____	_____	_____
Other (Explain):	_____	_____	_____

Additional Information: (Please use this area for any info not requested such as drainage board by others used or specific info to help process the warranty. Any missing information will delay the process)

9. Polyguard Products Accessories Purchased For This Project:

Type of Accessory	Product Used	U / M	Quantity
Primers, Sealants, Adhesives, Detailing:	Detail Sealant PW: 20 oz. sausage <i>or</i> 3 gal. pail	sausage/pail	_____
	650 LT Adhesive: 20 oz. sausage <i>or</i> 3 gal. pail	can/pail	_____
	California Sealant: 1 gal. can <i>or</i> 5 gal. pail	can/pail	_____
	650 WB Liquid Adhesive: 1 gal. can <i>or</i> 5 gal. pail	can/pail	_____
	LM-85 SSL (2-part liquid membrane):	5 gal. pail	_____
	LM-95 (2-part fast-cure liquid membrane):	2 gal. pail	_____
Other Polyguard Product:	Product Name: _____		_____
Drainage:	Polyflow BD: _____	Sq. Ft.	_____
	Polyflow 15: _____ <i>or</i> Polyflow 15-P _____	Sq. Ft.	_____
	Polyflow 18: _____	Sq. Ft.	_____
	Totalflow: _____	LF.	_____
	Other Polyguard Product:	Product Name: _____	
Tapes:	606 Tape: _____	LF.	_____
	Detail Tape: _____	LF.	_____
	Fabric Tape: _____	LF.	_____
Misc:	6" Poly Covers: _____	Each	_____
	US Outside Corner Boot: _____	Each	_____
	US Inside Corner Boot: _____	Each	_____
	US Pit Top Corner Boot: _____	Each	_____
	Totalflow End Outlet _____	Each	_____
	Total Flow Tee Outlet _____	Each	_____

10. Surfaces / Substrates that Products were applied to:

Concrete CMU Block OSB Other _____

**11a. Installation
Completion Date:** DATE IS REQUIRED

**11b. Substantial
Completion Date:** DATE IS REQUIRED *only when* a specification states such.
A copy of the specification must accompany this application.

**12. Specification
Requirement:** I understand that a copy of the project specification must accompany this completed warranty application.
Please remember to attach the project specification with your application.

**13. Warranty
Requested:** **Pre-Approved Material & Labor Warranty** _____ year term **Pre-Registration Approval #** _____
*All warranties must be pre-approved & require that drainage/protection board MUST be Polyguard brand.
Please contact your Polyguard Products Technical Service Representative when a special term warranty may be needed.
No special term application or warranty will be issued without prior approval by Architectural Division Management.*

**14. Email Address for
Warranty Issuance:** E-mail Address: _____

15. Signature: By signing below, I certify that only Polyguard Products accessories & drainage board have been used on this project.
I understand that typing my name below serves as an electronic signature for purposes of this form.
Completed by: _____
Signature *Print Name* *Date*

The completed Warranty Application & Specification must be submitted to archtech@polyguard.com
Any missing information or incomplete application will delay processing the request. Incomplete applications will be returned.
Please allow Polyguard 14 business days to process your completed warranty application.