

## Material Warranty Application Instructions

(For Material Warranties of 1 to 5 years only)

Please follow the terms and conditions below for Polyguard's Material Warranty (up to 5 years) 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](mailto: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 (3) 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.*

*Please DO NOT use this application for:*

- Material Warranties less than 5 years\*
- Material & Labor Warranties

*\*Email our Technical Services Department at [archtech@polyguard.com](mailto:archtech@polyguard.com) for required application.*

## 1 to 5 YEAR MATERIAL ONLY PRODUCT WARRANTY FORM

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

Email the completed form to: [archtech@polyguard.com](mailto:archtech@polyguard.com)

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

**Application Type**

Stretch Flex :	Batch #(s) (required)	Sq. Ft.	_____
Airlok Flex VP:	Batch #(s) (required)	Sq. Ft.	_____
:	Batch #(s) (required)	Sq. Ft.	_____
:	Batch #(s) (required)	Sq. Ft.	_____

**Fluid-Applied Waterproofing:**

**Application Type**

Stretch Flex:	Batch #(s) (required)	Sq. Ft.	_____
:	Batch #(s) (required)	Sq. Ft.	_____

**Sheet-Applied Waterproofing:**

**Application Type**

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

**Other:**

**Application Type**

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

**Air Barrier Sheet Membranes:**

40-mil Membranes:	Airlok Sheet 400 NP	Size: 6" 9" 12" 18" 24" 36"	Sq. Ft.	_____
	Airlok Sheet 400 HT/NP	Size: 36"	Sq. Ft.	_____
20-mil Membranes:	Airlok Sheet UV Ultra 400 NP	Size: 6" 9" 12" 36"	Sq. Ft.	_____
	Airlok Sheet 200 BU/NP	Size: 6" 9" 12" 18" 24" 36"	Sq. Ft.	_____
	Airlok Sheet UV 200 BU/NP	Size: 6" 9" 12" 36"	Sq. Ft.	_____

**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
<b>Primers, Sealants, Adhesives, Detailing:</b>	Detail Sealant PW: 20 oz. sausage <i>or</i> 3 gal. pail	sausage/pail	
	650 LT Adhesive: 1 gal. can <i>or</i> 5 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: _____		<i>Product Name:</i> _____	
<b>Drainage:</b>	Polyflow BD: <i>For balcony decks with less than 3" of concrete and foot traffic only</i>	Sq. Ft.	
	Polyflow 15: <i>or</i> Polyflow 15-P	Sq. Ft.	
	Polyflow 18:	Sq. Ft.	
	Totalflow:	LF.	
	Other Polyguard Drainage (list name): _____	Sq. Ft.	
<b>Specialty Sheet Membranes:</b>	Deckguard HT:	Sq. Ft.	
	Tileguard:	Sq. Ft.	
	:	Sq. Ft.	
<b>Tapes:</b>	606 Tape:	LF.	
	Detail Tape:	LF.	
	Fabric Tape:	LF.	
<b>Misc:</b>	6" Poly Covers:	Each	
	Balconyguard Outside Corner Boot:	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 ICF CMU Block OSB Gypsum Sheathing Plywood Sheathing 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:** Material Warranty Only: 1 Year 2 Year 3 Year 4 Year 5 Year  
 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](mailto: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.