

Material Extended Warranty Application Instructions

(For Material Warranties greater than 5 years)

Please follow the terms and conditions below for Polyguard's Extended Material 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 (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.

For Extended Material Warranties of 15 years or greater, the following additional is required:

- 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 .

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 for required application.

EXTENDED 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

Project Type (check one)		
1. Project:	1 Mass Transit	11 Military facilities
Building: _____	2 Parking garages	12 Churches
Street Address: _____	3 Office bldgs/hdqtrs	13 Retail
City, State and Zip: _____	4 Stadiums / Arenas	14 Residential–single*
2. Owner:	5 Entertainment Complex	15 Residential–multi *
Owner: _____	6 Medical	16 Industrial
Street Address: _____	7 Schools/Universities	17 Hotels / Motels
City, State and Zip: _____	8 Convention Centers	18 Utilities
Attention: _____	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
--------------	---	-------	----------

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.	_____
	Airlok Sheet UV Ultra 400 NP	Size: 6" 9" 12" 36"	Sq. Ft.	_____
20-mil Membranes:	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
Primers, Sealants, Adhesives, Detailing:	Detail Sealant PW: 20 oz. sausage <i>or</i> 3 gal. pail	<i>sausage/pail</i>	_____
	650 LT Adhesive: 1 gal. can <i>or</i> 5 gal. pail	<i>can/pail</i>	_____
	California Sealant: 1 gal. can <i>or</i> 5 gal. pail	<i>can/pail</i>	_____
	650 WB Liquid Adhesive: 1 gal. can <i>or</i> 5 gal. pail	<i>can/pail</i>	_____
	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> _____		_____
Drainage:	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.	_____
Specialty Sheet Membranes:	Deckguard HT:	Sq. Ft.	_____
	Tileguard:	Sq. Ft.	_____
	:	Sq. Ft.	_____
Tapes:	606 Tape:	LF.	_____
	Detail Tape:	LF.	_____
	Fabric Tape:	LF.	_____
Misc:	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	CMU Block	Gypsum Sheathing	Other _____
ICF	OSB	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: **Pre-Approved Extended Material Warranty** _____ year term **Pre-Registration Approval #** _____

All warranties must be **pre-approved**. All warranties require that drainage board (if used) **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.