



APPLICATION FOR ROOF INSULATION WARRANTY

PERFORMANCE WARRANTY

SYSTEM WARRANTY

NUMBER _____

TERMS: 10 years

15 years

20 years

Building name or area: _____

Address: _____

City/State/Zip: _____

Owner: _____ Address: _____

Owner contact (name & phone no.): _____ City/State/Zip: _____

Architect: _____ Address: _____

Phone number: _____ City/State/Zip: _____

General contractor: _____ Address: _____

Phone number: _____ City/State/Zip: _____

Siplast Select Roof Insulation Applicator: _____

Phone number: _____ Address: _____

Fax: _____ City/State/Zip: _____

Project Size: _____ (in Square Feet) Anticipated Start Date: _____

DESIGN MIX: ZIC 1:16 ZIC 1:4 NVS® INSULCEL® INSULCEL RT® ZONOCEL™

Project's Installed R-Value: _____ (insulating Concrete & Insulperm only)

Insulperm Board Thickness Used: _____

OR

Average Thickness of Stair-Stepped Insulperm Used: _____

Insulating Concrete Thickness: _____

ROOF DECK / STRUCTURAL BASE:

Galvanized Steel: Slotted Non-Slotted Gauge: _____

Manufacturer: _____ Type or Profile: _____

Concrete: Slab Structural Tees Plank

Re-Roof: Tear-Off Temporary Roof Type: _____ Pour Over Existing Roof

New Roof Membrane Type: Bur Modified Bitumen Single-Ply Other _____

Roofing Manufacturer: _____

CONTACT ROOFING MANUFACTURER FOR ROOFING SPECIFICATIONS AND VENTING REQUIREMENTS.

UPON AWARD OF CONTRACT, COMPLETE THIS FORM AND SEND TO THE SIPLAST TECHNICAL DEPARTMENT. THIS FORM MUST BE RECEIVED IN THE SIPLAST DALLAS OFFICE PRIOR TO THE START OF THE JOB.

Authorized Applicator Representative / Authorized Siplast Representative
Signed: _____ Approved by: _____ Date: _____
Print Name: _____ Date: _____ Comments: _____