



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: COVERAGE TYPE: (must select one below) OTHER OPTIONS:
5 year - Materials Guarantee
10 year
10 + 5 year* Prepaid?
10 + 10 year* Prepaid?
15 year*
20 year*
Other
Roof Membrane Guarantee
Roof System Guarantee
Roof Membrane/System Guarantee
Insulation Inclusion Addendum
Paraguard/Proform Inclusion Addendum
Other

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:

Table with 4 columns: SIPLAST MATERIALS, QUANTITIES, SIPLAST MATERIALS, QUANTITIES. Rows 1-6.

SIPLAST ACCESSORIES:
PA-1125 Primer PA-917 Primer PA-1021 Cement PS-304 Sealant Paracoat Coating PC-227 Coating
PA-828 Cement SFT Cement PS-209 Sealant

Mopping Asphalt: Asphalt note: Approved ASTM D 312 Type IV asphalt is required.

Asphalt manufacturer: Location:

To be certified? Yes No

ROOF CONSTRUCTION NO. 1

Specific roof area name/no: _____ Squares: _____

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

Siplast flashing membrane: Veral Aluminum Veral Spectra Polar White Parapro Paradiene 40 FR Parafor 50 LT
 Paradiene 50 TG Parafor 30 Parafor 30 TG Paradiene 40 FR TG

Flashing application method: _____

Project type: New construction Complete tear-off Partial tear-off Re-cover

If New Construction or Complete Tear-off, skip to next section. If Re-cover or Partial Tear-off, complete the remainder of this section:

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 (Re-cover): _____

What components will be torn off? (Partial Tear-off) _____

Preparation of surface to be roofed: _____

NOTE: ALL AREAS HAVING EXISTING INSULATION OR OTHER COMPONENTS WITH EXCESSIVE MOISTURE MUST BE REMOVED PRIOR TO THE INSTALLATION OF A SIPLAST ROOF SYSTEM

Roof deck: Type: _____ **Temporary roof/Vapor Retarder: Type:** _____

Thickness/gauge: _____ Slope per foot: _____ Method of application: _____

Substrate Board: _____

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

Vent sheet or base sheet: Manufacturer: _____

Parabase Plus P 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: Para-Stik Parafast Insulation Adhesive

Thickness: _____ Size: _____ Other _____

Type of fastener: Parafast Other _____ Fastener Manufacturer: _____

Intermediate layer-1 (if insulation is applied in multiple layers): Manufacturer: _____

Type: _____ Attachment method: Para-Stik Parafast Insulation Adhesive

Thickness: _____ Size: _____ Other _____

Intermediate layer-II (if insulation is applied in multiple layers): Manufacturer: _____

Type: _____ Attachment method: Para-Stik Parafast Insulation Adhesive

Thickness: _____ Size: _____ Other _____

Cover Board (if insulation is applied in multiple layers): Manufacturer: _____

Type: _____ Attachment method: Para-Stik Parafast Insulation Adhesive

Thickness: _____ Size: _____ Other _____

Type of fastener: Parafast Other _____ Fastener Manufacturer: _____

Overburden Systems: (If applicable, list all components): _____

<p>Authorized Contractor Representative</p> <p>Signed: _____</p> <p>Print Name: _____ Date: _____</p>	<p>Authorized Siplast/Icopal Representative</p> <p>Approved by: _____ Date: _____</p> <p>Comments: _____</p>
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ROOF CONSTRUCTION NO. 2

Specific roof area name/no: _____ Squares: _____

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

Siplast flashing membrane: Veral Aluminum Veral Spectra Polar White Parapro Paradiene 40 FR Parafor 50 LT
 Paradiene 50 TG Parafor 30 Parafor 30 TG Paradiene 40 FR TG

Flashing application method: _____

Project type: New construction Complete tear-off Partial tear-off Re-cover

If New Construction or Complete Tear-off, skip to next section. If Re-cover or Partial Tear-off, complete the remainder of this section:

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 (Re-cover): _____

What components will be torn off? (Partial Tear-off) _____

Preparation of surface to be roofed: _____

NOTE: ALL AREAS HAVING EXISTING INSULATION OR OTHER COMPONENTS WITH EXCESSIVE MOISTURE MUST BE REMOVED PRIOR TO THE INSTALLATION OF A SIPLAST ROOF SYSTEM

Roof deck: Type: _____ **Temporary roof/Vapor Retarder:** Type: _____

Thickness/gauge: _____ Slope per foot: _____ Method of application: _____

Substrate Board: _____

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

Vent sheet or base sheet: Manufacturer: _____

Parabase Plus P 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: Para-Stik Parafast Insulation Adhesive

Thickness: _____ Size: _____ Other _____

Type of fastener: Parafast Other _____ Fastener Manufacturer: _____

Intermediate layer-1 (if insulation is applied in multiple layers): Manufacturer: _____

Type: _____ Attachment method: Para-Stik Parafast Insulation Adhesive

Thickness: _____ Size: _____ Other _____

Intermediate layer-II (if insulation is applied in multiple layers): Manufacturer: _____

Type: _____ Attachment method: Para-Stik Parafast Insulation Adhesive

Thickness: _____ Size: _____ Other _____

Cover Board (if insulation is applied in multiple layers): Manufacturer: _____

Type: _____ Attachment method: Para-Stik Parafast Insulation Adhesive

Thickness: _____ Size: _____ Other _____

Type of fastener: Parafast Other _____ Fastener Manufacturer: _____

Overburden Systems: (If applicable, list all components): _____

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

ROOF CONSTRUCTION NO. 3

Specific roof area name/no: _____ Squares: _____

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

Siplast flashing membrane: Veral Aluminum Veral Spectra Polar White Parapro Paradiene 40 FR Parafor 50 LT
 Paradiene 50 TG Parafor 30 Parafor 30 TG Paradiene 40 FR TG

Flashing application method: _____

Project type: New construction Complete tear-off Partial tear-off Re-cover

If New Construction or Complete Tear-off, skip to next section. If Re-cover or Partial Tear-off, complete the remainder of this section:

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 (Re-cover): _____

What components will be torn off? (Partial Tear-off) _____

Preparation of surface to be roofed: _____

NOTE: ALL AREAS HAVING EXISTING INSULATION OR OTHER COMPONENTS WITH EXCESSIVE MOISTURE MUST BE REMOVED PRIOR TO THE INSTALLATION OF A SIPLAST ROOF SYSTEM

Roof deck: Type: _____ **Temporary roof/Vapor Retarder:** Type: _____

Thickness/gauge: _____ Slope per foot: _____ Method of application: _____

Substrate Board: _____

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

Vent sheet or base sheet: Manufacturer: _____

Parabase Plus P 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: Para-Stik Parafast Insulation Adhesive

Thickness: _____ Size: _____ Other _____

Type of fastener: Parafast Other _____ Fastener Manufacturer: _____

Intermediate layer-1 (if insulation is applied in multiple layers): Manufacturer: _____

Type: _____ Attachment method: Para-Stik Parafast Insulation Adhesive

Thickness: _____ Size: _____ Other _____

Intermediate layer-II (if insulation is applied in multiple layers): Manufacturer: _____

Type: _____ Attachment method: Para-Stik Parafast Insulation Adhesive

Thickness: _____ Size: _____ Other _____

Cover Board (if insulation is applied in multiple layers): Manufacturer: _____

Type: _____ Attachment method: Para-Stik Parafast Insulation Adhesive

Thickness: _____ Size: _____ Other _____

Type of fastener: Parafast Other _____ Fastener Manufacturer: _____

Overburden Systems: (If applicable, list all components): _____

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