



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):** \_\_\_\_\_

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

**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):** \_\_\_\_\_

<b>Authorized Contractor Representative</b>	<b>Authorized Siplast/Icopal Representative</b>
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):** \_\_\_\_\_

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