



# TERAPRO APPLICATION FOR WATERPROOFING GUARANTEE

A form must be completed for each building prior to shipment of materials.

Date: \_\_\_\_\_ Estimated start date: \_\_\_\_\_ Total square feet: \_\_\_\_\_

### GUARANTEE COVERAGE REQUESTED

NOTE: A \$300 charge applies to all jobs under 1,000 sq ft.

Duration:  5 year  10 year  Other \_\_\_\_\_

Project Specifications:  Submitted herewith  To follow Does project require payment and performance bonds?  Yes  No

Project name: \_\_\_\_\_ Address: \_\_\_\_\_

Building name or area: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Use of building: \_\_\_\_\_

Owner of building: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Owner contact (name): \_\_\_\_\_ Telephone: \_\_\_\_\_

Architect/Consultant: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

General contractor: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Waterproofing contractor: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Tax exempt no.: \_\_\_\_\_ Telephone: \_\_\_\_\_

Siplast Materials	Quantity	Siplast Materials	Quantity	Siplast Materials	Quantity
1. Pro Primer W	_____	7. Terapro VTS Resin <input type="checkbox"/> Summer <input type="checkbox"/> Winter	_____	13. Pro Accent Chips Color#: _____	_____
2. Pro Primer T	_____	8. VTS Filler	_____	14. Pro Color Chips Color#: _____	_____
3. Primer (other)	_____	9. Terapro Flashing Resin <input type="checkbox"/> Summer <input type="checkbox"/> Winter	_____	15. Pro Clear Finish	_____
4. Pro Fleece – 12"	_____	10. Pro Natural Quartz	_____	16. Pro Catalyst	_____
5. Pro Fleece – 41"	_____	11. VTS Quartz	_____	17. Pro Paste	_____
6. Terapro Base Resin <input type="checkbox"/> Summer <input type="checkbox"/> Winter	_____	12. Pro Color Finish Color#: _____	_____	18. Other: _____	_____

### CONSTRUCTION NO. 1

Specific Area Name/No.: \_\_\_\_\_ Square Feet: \_\_\_\_\_

Siplast Waterproofing System:  Terapro  Terapro Vehicular Traffic System

Project Type:  New construction  Tear-off System Type:  Reinforced  Unreinforced

Substrate:  Poured-reinforced concrete  Other \_\_\_\_\_

Has the deck been tested/evaluated/qualified in accordance with Siplast specifications?  Yes (include backup)  No

Comments: \_\_\_\_\_

Concrete Preparation:  Scarify/shot-blast  Shot-blast  Mechanical prep (describe) \_\_\_\_\_

Other (please indicate method): \_\_\_\_\_

Surfacing:  Pro Natural Quartz/Pro Color Finish  Pro Color Finish/Pro Color Chips/Pro Clear Finish  
 Pro Natural Quartz/Pro Color Finish/Pro Accent Chips  VTS Quartz with Pro Color Finish

Details:  Edge  Parapet  Expansion Joint  H-Beam/I-Beam  Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

<b>Authorized Contractor Representative</b> Signed: _____ Name (Print) _____ Date: _____	<b>Authorized Siplast Representative</b> Approved by: _____ Date: _____ Comments: _____
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**CONSTRUCTION NO. 2**

Specific Area Name/No.: \_\_\_\_\_ Square Feet: \_\_\_\_\_  
Siplast Waterproofing System:  Terapro  Terapro Vehicular Traffic System  
Project Type:  New construction  Tear-off System Type:  Reinforced  Unreinforced  
Substrate:  Poured-reinforced concrete  Other \_\_\_\_\_  
Has the deck been tested/evaluated/qualified in accordance with Siplast specifications?  Yes (include backup)  No  
Comments: \_\_\_\_\_

Concrete Preparation:  Scarify/shot-blast  Shot-blast  Mechanical prep (describe) \_\_\_\_\_  
 Other (please indicate method): \_\_\_\_\_

Surfacing:  Pro Natural Quartz/Pro Color Finish Details:  Edge  Other \_\_\_\_\_  
 Pro Color Finish/Pro Color Chips/Pro Clear Finish  Parapet  Other \_\_\_\_\_  
 Pro Natural Quartz/Pro Color Finish/Pro Accent Chips  Expansion Joint  Other \_\_\_\_\_  
 VTS Quartz with Pro Color Finish  H-Beam/I-Beam  Other \_\_\_\_\_

**CONSTRUCTION NO. 3**

Specific Area Name/No.: \_\_\_\_\_ Square Feet: \_\_\_\_\_  
Siplast Waterproofing System:  Terapro  Terapro Vehicular Traffic System  
Project Type:  New construction  Tear-off System Type:  Reinforced  Unreinforced  
Substrate:  Poured-reinforced concrete  Other \_\_\_\_\_  
Has the deck been tested/evaluated/qualified in accordance with Siplast specifications?  Yes (include backup)  No  
Comments: \_\_\_\_\_

Concrete Preparation:  Scarify/shot-blast  Shot-blast  Mechanical prep (describe) \_\_\_\_\_  
 Other (please indicate method): \_\_\_\_\_

Surfacing:  Pro Natural Quartz/Pro Color Finish Details:  Edge  Other \_\_\_\_\_  
 Pro Color Finish/Pro Color Chips/Pro Clear Finish  Parapet  Other \_\_\_\_\_  
 Pro Natural Quartz/Pro Color Finish/Pro Accent Chips  Expansion Joint  Other \_\_\_\_\_  
 VTS Quartz with Pro Color Finish  H-Beam/I-Beam  Other \_\_\_\_\_

**CONSTRUCTION NO. 4**

Specific Area Name/No.: \_\_\_\_\_ Square Feet: \_\_\_\_\_  
Siplast Waterproofing System:  Terapro  Terapro Vehicular Traffic System  
Project Type:  New construction  Tear-off System Type:  Reinforced  Unreinforced  
Substrate:  Poured-reinforced concrete  Other \_\_\_\_\_  
Has the deck been tested/evaluated/qualified in accordance with Siplast specifications?  Yes (include backup)  No  
Comments: \_\_\_\_\_

Concrete Preparation:  Scarify/shot-blast  Shot-blast  Mechanical prep (describe) \_\_\_\_\_  
 Other (please indicate method): \_\_\_\_\_

Surfacing:  Pro Natural Quartz/Pro Color Finish Details:  Edge  Other \_\_\_\_\_  
 Pro Color Finish/Pro Color Chips/Pro Clear Finish  Parapet  Other \_\_\_\_\_  
 Pro Natural Quartz/Pro Color Finish/Pro Accent Chips  Expansion Joint  Other \_\_\_\_\_  
 VTS Quartz with Pro Color Finish  H-Beam/I-Beam  Other \_\_\_\_\_

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