

WATERPROOFING WARRANTY REQUEST

A CONTACT(S): Name, Phone Number, Fax Number and Address			
1. Project Name:	Ph: ()	Fax: ()	
Address:	City:	State:	Zip:
2. Owner's Name:	Ph: ()	Fax: ()	
Address:	City:	State:	Zip:
3. Contractor's Name:	Ph: ()	Fax: ()	
Address:	City:	State:	Zip:
4. Architect of Record:	Ph: ()	Fax: ()	
Address:	City:	State:	Zip:
5. Specifier/Consultant of Record:	Ph: ()	Fax: ()	
Address:	City:	State:	Zip:
6. General Contractor:	Ph: ()	Fax: ()	
Address:	City:	State:	Zip:

B WARRANTY ATTRIBUTES:	
1. Period:	<input type="checkbox"/> 5 Year <input type="checkbox"/> 10 Year <input type="checkbox"/> 15 Year <input type="checkbox"/> 20 Year
2. Terms:	<input type="checkbox"/> Material Only <input type="checkbox"/> Standard Labor & Material <input type="checkbox"/> Watertightness <input type="checkbox"/> Full System <input type="checkbox"/> Insurance
3. Riders:	<input type="checkbox"/> Metal Flashing <input type="checkbox"/> Non-Standard Deck <input type="checkbox"/> Chemicals <input type="checkbox"/> Over Burden <input type="checkbox"/> Inspections
	IF CHEMICALS ARE PRESENT — LIST: _____
4. SPECIAL DESIGN CONDITIONS — LIST:	_____
5. Submittals: Roof plan(s), details and specifications included	<input type="checkbox"/>
	(Required on jobs > 20,000 square feet and for all specialty systems — must be received and accepted before shipment)
	<input type="checkbox"/> Non-Standard details. Must be reviewed by Soprema, Inc., Technical Department and accepted before start-up!
6. TOTAL AREA: PLAZA:	_____ VERTICAL WALLS: _____
	PLANTERS: _____ SPECIALTY SYSTEMS: _____
	OTHER: _____

C SYSTEM DESCRIPTION:	
1. WATERPROOFING SYSTEM:	
Base membrane:	_____ Cap Membrane: _____
2. FLASHING SYSTEM:	
Base membrane:	_____ Cap Membrane: _____
3. WATER TEST:	<input type="checkbox"/> Required <input type="checkbox"/> Not Required
4. DECK: Type:	_____ Thickness: _____
WALL: Type:	_____ Thickness: _____
	CURING COMPOUND USED:
5. STATE THE COMPONENTS of the over burden of covering starting from the cap membrane:	
a.) _____	Manufacturer: _____
b.) _____	Manufacturer: _____
c.) _____	Manufacturer: _____
d.) _____	Manufacturer: _____
e.) _____	Manufacturer: _____
f.) _____	Manufacturer: _____

WATERPROOFING WARRANTY DEVIATION ACCEPTANCE

DATE: _____

PROJECT NAME: _____

ADDRESS: _____

OWNER'S NAME: _____

ADDRESS: _____

PROJECTED JOB START DATE: _____

BACKGROUND STATEMENT: (Include copy of the exact specification language from the latest specification document) _____

PUBLICATION DATE OF SPECIFICATION: _____

CONTRACTOR SIGNATURE: _____ **TITLE:** _____

COMPANY NAME: _____ **DATE:** _____

COMPANY ADDRESS: _____

DEVIATION APPROVAL: _____ **TITLE:** _____

COMPANY NAME & ADDRESS: SOPREMA INC., 310 Quadral Drive, Wadsworth, OH 44281

DATE: _____

This form must be completed for all jobs that require ant change to be made on approved Soprema Standard Warranty Document. Without prior acknowledgement and approval, Soprema Inc. is not obligated or responsible to include any non-approved specification warranty language into the standard Soprema Warranty Document.

Soprema's Warranty Document supersedes and is in lieu of all warranties, whether written or oral, expressed or implied, including, without limitation, any warranty of merchantability or fitness for a particular purpose.

CORPORATE OFFICE