

MATERIAL - Warranty Requirements

(For standard Material Warranties of 1 to 5 years only)

Polyguard Products offers a standard Material Warranty of up to 5 years.

Please follow the terms and conditions below.

The following documentation & information is required:

- A completed Architectural Warranty Application
 - a. Complete all sections of the warranty application:
 - 1) Project & Project Type
 - 2) Owner *(include all contact info)*
 - 3) Installer *(include all contact info)*
 - 4) Architect/Engineer *(include all contact info)*
 - 5) Consultant *(include all contact info) (If there is no consultant on the project, please list "N/A")*
 - 6) General Contractor *(include all contact info)*
 - 7) Distributor *(include all contact info)*
 - 8) Type and Amount of Material Used *(list batch numbers for any fluid-applied products)*
 - 9) Accessories
 - *Include all accessories required with the system including quantities of drainboard or protection board when required. If protection or drainboard is by others then note what was used in the additional notes section on page 2 of the application.*
 - 10) Surfaces/Substrates
 - 11) Dates
 - 11a. Installation Completion Date
 - 11b. Substantial Completion Date*
 - NOTE: these 2 dates will not be the same date.*
 - * When needing a warranty by Substantial Completion Date per statement on Specification, both dates are required.*
 - 12) Specification Requirement acknowledgment
 - 13) Warranty Requested *(select term according to specification requirement)*
 - 14) Email Address for Warranty Issuance
 - 15) Signature *(complete entire section)*
- A copy of the Project Specification.

The completed Warranty Application & Specification must be submitted to archtech@polyguard.com before Polyguard reviews and commits to providing the warranty.
- Verification that the distributor has been paid by the contractor for installed products.

(As a courtesy to our distributors, Polyguard will contact the distributor)
- The applicator shall have at least three (3) years of experience in applying the types of specified materials; and specifically accepted in writing by Polyguard Technical Services Department. Certain projects may require Polyguard's applicator training.
- Polyguard products and accessories shall be installed as part of the system and according to manufacturer specifications, recommendations and details. System products not supplied by Polyguard require written approval by Technical Services Department prior to installation.

Please **DO NOT** use this application for:

- Material Warranties greater than 5 years*
- Material & Labor Warranties*

**Email our Technical Services Department at archtech@polyguard.com for required application.*

APPLICATION FOR 1 to 5 YEAR MATERIAL PRODUCT WARRANTY FORM

Warranty issue date will be based upon completed application of these products.

Email the completed form to: archtech@polyguard.com

		<i>Project Type (check one)</i>	
1. Project:	Building: _____	1 Mass Transit	11 Military facilities
	Street Address: _____	2 Parking garages	12 Churches
	City, State and Zip: _____	3 Office bldgs/hdqtrs	13 Retail
		4 Stadiums / Arenas	14 Residential–single*
		5 Entertainment Complex	15 Residential–multi *
2. Owner:	Owner: _____	6 Medical	16 Industrial
	Street Address: _____	7 Schools/Universities	17 Hotels / Motels
	City, State and Zip: _____	8 Convention Centers	18 Utilities
	Attention: _____	9 Government Facilities	19 Other – not listed
		10 Airports	

*No warranties are issued for Underseal™ on residential projects

3. Installer:

Firm: _____

Street Address: _____

City, State and Zip: _____

Attention: _____ Phone: _____ ext: _____

4. Architect / Engineer:

Firm: _____

Street Address: _____

City, State and Zip: _____

Attention: _____ Phone: _____ ext: _____

5. Consultant:

Firm: _____

Street Address: _____

City, State and Zip: _____

Attention: _____ Phone: _____ ext: _____

6. General Contractor:

Firm: _____

Street Address: _____

City, State and Zip: _____

Attention: _____ Phone: _____ ext: _____

7. Distributor:

Firm: _____

Street Address: _____

City, State and Zip: _____

Attention: _____ Phone: _____ ext: _____

8. Type and Amount of Material Used:

Product Used	Application Type <i>(please specify by type listed below)</i>	U / M	Quantity
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Elevator, Foundation, Mechanical Interior, Plaza/Deck, Tunnel, Other *(describe)*

Fluid-Applied Air Barrier:

Application Type

VOC level installed:
525 200 100

Batch #(s) *(required)*

Airlok Flex:	_____	Sq. Ft.	_____
	Batch #(s) <i>(required)</i>		
Airlok Flex VP:	_____	Sq. Ft.	_____
	Batch #(s) <i>(required)</i>		
Airlok Flex VP LT:	_____	Sq. Ft.	_____
	Batch #(s) <i>(required)</i>		
Airlok Flex WG:	_____	Sq. Ft.	_____
	Batch #(s) <i>(required)</i>		
Airlok Flex WG LT:	_____	Sq. Ft.	_____
	Batch #(s) <i>(required)</i>		
Airlok Spray-N-Roll:	_____	Sq. Ft.	_____
	Batch #(s) <i>(required)</i>		
:	_____	Sq. Ft.	_____
	Batch #(s) <i>(required)</i>		
:	_____	Sq. Ft.	_____

Fluid-Applied Flashing:

Application Type

Batch #(s) *(required)*

Airlok Flash-N-Roll:	_____	Sq. Ft.	_____
	Batch #(s) <i>(required)</i>		
Airlok Gun-N-Spread:	_____	Sq. Ft.	_____

Fluid-Applied Dampproofing:

Application Type

Batch #(s) *(required)*

Pro 1000:	_____	Sq. Ft.	_____
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Fluid-Applied Waterproofing:

Application Type

VOC level installed:
525 200 100

Batch #(s) *(required)*

Commercial Stretch:	_____	Sq. Ft.	_____
	Batch #(s) <i>(required)</i>		
:	_____	Sq. Ft.	_____

Sheet-Applied Waterproofing:

Application Type

Horizontal Application Vertical Application

Underseal Underslab:	_____	Sq. Ft.	_____
	Horizontal Application Vertical Application		
Underseal Blindside:	_____	Sq. Ft.	_____
	Horizontal Application Vertical Application		
Underseal PRM:	_____	Sq. Ft.	_____
	Horizontal Application Vertical Application		
650 Membrane:	_____	Sq. Ft.	_____
Balconyguard Membrane:	_____	Sq. Ft.	_____

Other:

Application Type

Other <i>(Explain)</i> :	Brand _____	Sq. Ft.	_____
Other <i>(Explain)</i> :	Brand _____	Sq. Ft.	_____

Additional Information: *(Please use this area for any info not requested such as drainage board by others used or specific info to help process the warranty. Any missing information will delay the process)*

9. Polyguard Products Accessories Purchased For This Project:

Type of Accessory	Product Used	U / M	Quantity	
Primers, Sealants, Adhesives, Detailing:	Airlok Detail-N-Joint:	20 oz. sausage	sausage	
	Detail Sealant PW:	20 oz. sausage <i>or</i> 3 gal. pail	sausage/pail	
	650 LT Adhesive:	1 gal. can <i>or</i> 5 gal. pail	can/pail	
	California Sealant:	1 gal. can <i>or</i> 5 gal. pail	can/pail	
	650 WB Liquid Adhesive:	1 gal. can <i>or</i> 5 gal. pail	can/pail	
	LM-85 SSL (2-part liquid membrane):		5 gal. pail	
	LM-95 (2-part fast-cure liquid membrane):		2 gal. pail	
	STA-PUT Quick Grip Spray Adhesive:		canister	
	Other Polyguard Product:	<i>Product Name:</i>		
	Drainage:	Polyflow BD:	<i>For balcony decks with less than 3" of concrete and foot traffic only</i>	
Polyflow 10:		<i>or</i> Polyflow 10-P	Sq. Ft.	
Polyflow 15:		<i>or</i> Polyflow 15-P	Sq. Ft.	
Polyflow 18:			Sq. Ft.	
Totalflow:			LF.	
Air Barrier Sheet Membranes:	40-mil Membranes:	Airlok Sheet 400 NP	<i>See: 6" 9" 12" 18" 24" 36"</i>	Sq. Ft.
		Airlok Sheet 400 HT/NP	<i>See: 36"</i>	Sq. Ft.
		Airlok Sheet UV 400 NP	<i>See: 6" 9" 12" 36"</i>	Sq. Ft.
		Airlok Sheet UV Ultra 400 NP	<i>See: 6" 9" 12" 36"</i>	Sq. Ft.
	20-mil Membranes:	Airlok Sheet 200 BU/NP	<i>See: 6" 9" 12" 18" 24" 36"</i>	Sq. Ft.
		Airlok Sheet UV 200 BU/NP	<i>See: 6" 9" 12" 36"</i>	Sq. Ft.
Specialty Sheet Membranes:	Deckguard HT:		Sq. Ft.	
	Tileguard:		Sq. Ft.	
	:		Sq. Ft.	
Tapes:	606 Tape:		LF.	
	Detail Tape:		LF.	
	Fabric Tape:		LF.	
Misc:	6" Poly Covers:		Each	
	Balconyguard Outside Corner Boot:		Each	
	US Outside Corner Boot:		Each	
	US Inside Corner Boot:		Each	
	US Pit Top Corner Boot:		Each	
	Totalflow End Outlet		Each	
Total Flow Tee Outlet		Each		

10. Surfaces / Substrates that Products were applied to:

Concrete	CMU Block	Gypsum Sheathing	Other _____
ICF	OSB	Plywood Sheathing	Other _____

11a. Installation Completion Date: **DATE IS REQUIRED** **11b. Substantial Completion Date:** DATE IS REQUIRED *only when* a specification states such. A copy of the specification must accompany this application.

12. Specification Requirement: I understand that a copy of the project specification must accompany this completed warranty application. **Please remember to attach the project specification with your application.**

13. Warranty Requested: **Material Warranty Only:** 1 Year 2 Year 3 Year 4 Year 5 Year
All warranties must be pre-approved. All warranties require that drainage board (if used) MUST be Polyguard brand. Please contact your Polyguard Products Technical Service Representative when a special term warranty may be needed. No special term application or warranty will be issued without prior approval by Architectural Division Management.

14. Email Address for Warranty Issuance: E-mail Address: _____

15. Signature: By signing below, I certify that only Polyguard Products accessories & drainage board have been used on this project. I understand that typing my name below serves as an electronic signature for purposes of this form.
 Completed by: _____
 Signature _____ Print Name _____ Date _____

The completed Warranty Application & Specification must be submitted to archtech@polyguard.com
 Any missing information or incomplete application will delay processing the request. Incomplete applications will be returned.
 Please allow Polyguard 14 business days to process your completed warranty application.

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