

APPLICATION FOR 5- AND 10-YEAR X-TENDA COAT™ WARRANTY



This coating system may only be installed by a Versico Authorized Contractor on commercial, non-residential buildings. This system must be installed according to Versico's published specification and any unusual conditions or details must be presented for Versico's approval.

Date of Award	Approx. Start Date:	This is to notify Versico that we have been awarded a contract to install the X-Tenda Coat System specified for this building.		
Building Name:		Job Number (Versico use only)		
(street) (city) (state) (zip) (county)				
Building address:		(phone)		
Owner (Company):		Owner (contact):		()
(street) (city) (state) (zip)				
Owner Address:		(zip)		
(street) (city) (state) (zip)				
Authorized Applicator:				
Warranty Information				
Existing Warranty Serial #:		Date Issued:	Exp. Date:	Original CMD or AB#:
Color Coating (check one): <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Other		Warranty Requested – 10-yr. Maximum (check one) <input type="checkbox"/> System Warranty (covers labor and material) <input type="checkbox"/> 5 year <input type="checkbox"/> Material Warranty Only <input type="checkbox"/> 10 year		Dry Film Thickness: _____ mil (see spec for coverage rates)
Existing System Information				
Project Size: (sq. ft.)		Maximum Height (ft.):		No. of Roof Levels:
Roof Slope (in. per ft.):		Does ponded water exist 48 hours after rainfall? Are new saddles or crickets being added?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Existing System Type (check one): <input type="checkbox"/> Adhered <input type="checkbox"/> Ballasted <input type="checkbox"/> Mechanically Fastened <input type="checkbox"/> Metal Retrofit				<input type="checkbox"/> New installation <input type="checkbox"/> Restoration
Existing Membrane Type (check one or more): <input type="checkbox"/> Non-Reinforced EPDM <input type="checkbox"/> Reinforced EPDM <input type="checkbox"/> FleeceBACK EPDM				<input type="checkbox"/> White EPDM <input type="checkbox"/> FleeceBACK TPO <input type="checkbox"/> White FleeceBACK EPDM <input type="checkbox"/> HyChoice (CSPE) <input type="checkbox"/> Metal <input type="checkbox"/> Other (indicate):
Seam Treatments				
Check all that apply and indicate approximate linear feet:				
<input type="checkbox"/> Pressure-Sensitive Flashing w/Primer		<input type="checkbox"/> Cured Membrane w/Splicing Cement		<input type="checkbox"/> Coating-ready Cover Tape
Linear Feet:		Linear Feet:		Linear Feet:
Changes in Building Usage (circle one)				
1. Apartments	5. Other Non-Residential	9. Dormitory/Detention	13. Government	
2. Industrial	6. Hotel/Motel	10. Facility	14. Brewery	
3. Garage	7. Office/Bank/Financial	Hospital/Healthcare	15. Hangar	
4. Educational	8. Retail Store/Restaurant	11. Warehouse	16. Freezer/Cold Storage	
		12. Religious		
Did the building usage change since the original warranty was issued? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
If yes, please explain:				
Other Treatments/Repairs				
Special Conditions (other flashing/termination repairs) please list:				
Roof Access: (check one) <input type="checkbox"/> Roof Hatch <input type="checkbox"/> Portable Ladder <input type="checkbox"/> Interior				
Is security clearance necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Applicator's Name: (print or type)				
			Signature:	Date:
Versico Independent Sales Representative Approval:				
Versico Independent Sales Representative Approval:		Versico's Use Only		
		CAC Approval #:	Approved By:	Approval Date:
ATTN: Send this form to the Versico Warranty Services Department, PO Box 1289, Carlisle, PA 17013				