



## LIMITED LABOUR AND MEMBRANE WARRANTY APPLICATION

IKO PRODUCTS MUST BE UTILIZED. ANY SUBSTITUTIONS FROM IKO PRODUCTS MUST BE PRE-APPROVED BY IKO TECHNICAL SERVICES.

THIS COMPLETED FORM SHOULD BE E-MAILED TO: [commercialwarranties@iko.com](mailto:commercialwarranties@iko.com) OR MAILED TO THE ATTENTION OF: IKO COMMERCIAL WARRANTIES, 80 STAFFORD DRIVE, BRAMPTON, ONTARIO L6W 1L4. FAX COPIES ARE ALSO PERMITTED. PLEASE FAX TO: (905) 457-3196. APPLICATIONS MUST BE FILED NO LATER THAN 45 DAYS AFTER SUBSTANTIAL COMPLETION OF ROOF INSTALLATION. PLEASE ALLOW 3 TO 4 WEEKS FOR PROCESSING.

### PERSONAL INFORMATION

Contractor Company: \_\_\_\_\_ Ph.: \_\_\_\_\_

Contractor's IKO Registration No.: (SPECIFY BUR OR MODBIT) \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Insurance Co. & Policy#: \_\_\_\_\_ Policy Expiry Date: \_\_\_\_\_

Building Owner's Name: \_\_\_\_\_ Ph.: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Building: \_\_\_\_\_

Installation Address: \_\_\_\_\_

Intended Use: \_\_\_\_\_

Roofing Material Distributor: \_\_\_\_\_

Consultant/Inspector: \_\_\_\_\_ Ph.: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Architect/Specifier: \_\_\_\_\_ Ph.: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

### JOB/PRODUCT INFORMATION

Roofing System:  NEW ROOF  RE-COVER  TEAR-OFF  PARTIAL TEAR-OFF (Explain with cover letter)

Deck Type: \_\_\_\_\_ Surface Area Covered: \_\_\_\_\_ ft<sup>2</sup> (min. 2500 ft<sup>2</sup>) Roof Slope: \_\_\_\_\_

Base (if applicable) (e.g. Modiflex MF-95-FS): \_\_\_\_\_

Ply Sheets (if applicable) (e.g. Type IV Glass Ply): \_\_\_\_\_

Cap Sheet (if applicable) (e.g. Torchflex TP-250-CAP): \_\_\_\_\_

Base Flashing (e.g. Armourbond Flash): \_\_\_\_\_

Cap Flashing (e.g. Torchflex TP-180-CAP): \_\_\_\_\_

### IKO PRODUCTS

Vapour Retardant: \_\_\_\_\_ Overlay Board: \_\_\_\_\_

Insulation: \_\_\_\_\_ Insulation Attachment: \_\_\_\_\_

Other Products Used: \_\_\_\_\_

Work Schedule – Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

Warranty Period Applied For: \_\_\_\_\_

BY SUBMITTING THIS APPLICATION FORM, I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE TERMS AND REQUIREMENTS OF THE IKO COMMERCIAL AND INDUSTRIAL PROJECTS LIMITED LABOUR AND MEMBRANE WARRANTY. I UNDERSTAND THAT THIS WARRANTY WILL BE NULL AND VOID IF ANY OF THE INFORMATION ABOVE IS INACCURATE, OR IF THE IKO PRODUCTS ARE NOT APPLIED IN A GOOD AND WORKMANLIKE MANNER AND IN STRICT ACCORDANCE WITH IKO INSTRUCTIONS. FOR THIS WARRANTY TO BE VALID, IKO, THE DISTRIBUTOR AND THE ROOFER MUST BE PAID IN FULL FOR MATERIALS AND/OR LABOUR.

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: IKO products must be utilized. Any substitutions from IKO products must be pre-approved by IKO Technical Services.