



COMMERCIAL

IKO DIAMOND SHIELD LIMITED 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 OR MAILED TO THE ATTENTION OF: IKO COMMERCIAL WARRANTIES, 40 HANSEN ROAD SOUTH, BRAMPTON, ONTARIO L6W 3H4. FAX COPIES ARE ALSO PERMITTED. PLEASE FAX TO: (905) 457-3196.

PERSONAL INFORMATION

1. Roofer Company: _____ Ph.: _____
2. Address: _____ Fax: _____
3. Roofer's IKO Registration No.: (SPECIFY BUR OR MODBIT) _____
4. Insurance Co. & Policy #: _____ Policy Expiry Date: _____
5. Building Owner's Name: _____ Ph.: _____
6. Address: _____ Fax: _____
7. Name of Building: _____
8. Installation Address: _____
9. Intended Use: _____
10. Roofing Material Distributor: _____
11. Consultant/Inspector: _____ Ph.: _____
12. Address: _____ Fax: _____
13. Architect/Specifier: _____ Ph.: _____
14. Address: _____ Fax: _____

ROOF DESIGN, ROOF SIZE & BUILDING DIMENSION INFORMATION

15. Installation Size (square feet): _____
16. Roof Slope%: _____
17. Parapet Height (inches): _____
18. Building Height (feet): _____

ROOF TYPE, DECK TYPE & EXISTING CONSTRUCTION

19. Roof Construction Type: New Construction Re-cover (no tear-off) Complete tear-off Partial tear-off (explain with cover letter)
20. Roof Deck: Steel Structural Concrete Wood Plank Plywood Other: _____ Gauge, PSI, Thickness: _____
21. Existing Insulation: Fibreglass Perlite Fibreboard Isocyanurate Other (specify): _____ Thickness: _____
22. Existing Roof: EPDM BUR (gravel smooth) Coal Tar Pitch Mod-Bit Sprayed Urethane Other (specify) _____

NEW THERMAL INSULATION, NEW COVERBOARD & NEW INSULATION ASSEMBLY ATTACHMENT

23. Vapour Barrier/Retarder: _____ None
24. IKO Tie-in to Wall Material: _____
25. IKO Thermal Insulation: IKOTherm IKOTherm III None
26. Sloped Thermal Insulation: IKOTherm Tapered Expanded Polystyrene Perlite Extruded Polystyrene Composite Other _____ Specify Manufacturer: _____
27. IKO Insulation Overlay: Covershield Protectoboard None
28. Sloped Insulation Overlay: Manufacturer: _____ Fibreboard Perlite Mineral Wool Other (specify type & Manufacturer): _____
29. Thermal Insulation Attachment (if applicable): Asphalt IKO Cold Gold Adhesive IKO Millennium Adhesive Mechanically Fastened
30. Insulation Overlay Attachment (if applicable): Asphalt IKO Cold Gold Adhesive IKO Millennium Adhesive Mechanically Fastened

MEMBRANE ATTACHMENT / ASPHALT / ACCESSORIES

31. Fastener Manufacturer: _____ Fastener Type: _____ Fastening Rate: _____ Fastener Length (inches): _____
32. Asphalt Manufacturer: IKO
33. Asphalt Type: Type I Type II Type III Modi-Melt SEBS
34. Cold Adhesive System: IKO Cold Gold
35. IKO Primers Used: _____

MEMBRANE ASSEMBLY: BASE SHEETS, PLY SHEETS & CAP SHEETS

36. Base (if applicable) (e.g. Modiflex MF-95-FS): _____
37. Ply Sheets (if applicable) (e.g. Type IV Glass Ply): _____
38. Cap Sheet (if applicable) (e.g. Torchflex TP-250-CAP): _____
39. Base Flashing (e.g. Armourbond Flash): _____
40. Cap Flashing (e.g. Torchflex TP-180-CAP): _____

SURFACING: COATING / AGGREGATE

41. Coating: Manufacturer: _____ Type: _____
42. Gravel Type: _____ lbs./sq. ft.
43. Green Roof (Manufacturer, Modules Size and Number): _____
44. Other products used, not listed: _____

I understand that this warranty will be null and void if any of the information above is inaccurate. By submitting this application form, I hereby acknowledge that I have read, understood, and complied with the terms and requirements of the IKO Limited Warranty being applied for including required supporting documentation. I further acknowledge that for DSLW's I am responsible for any workmanship deficiencies occurring in the initial 2 years of warranty coverage, or for the period in accordance with the local roofing association, and all workmanship deficiencies for all other IKO warranties.

Officer: _____ Date: _____ IKO Sales Rep: _____

Roof Accessibility: No Ladder Needed Ladder at Job Site Ladder will be provided by roofing contractor

Project Starting Date: _____ Approximate Project Completion Date: _____ Warranty Period applied for: _____

mm/dd/yyyy

mm/dd/yyyy

years

NOTE: OFFICIAL DATE OF SUBSTANTIAL COMPLETION OF ROOF MEMBRANE MUST BE FORWARDED TO IKO AFTER ROOF IS DONE. IKO products must be utilized. Any substitutions from IKO products must be pre-approved by IKO Technical Services. For this warranty to be valid, IKO, the Distributor and the Roofer must pay in full for materials and/or labour.

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