



COMMERCIAL

DIAMOND SHIELD RE-COVER LIMITED WARRANTY APPLICATION

THIS COMPLETED FORM SHOULD BE E-MAILED TO: 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. ALL INFORMATION MUST BE COMPLETE AND LEGIBLE, INCLUDING POSTAL CODES. IF A CERTAIN SECTION IS NOT APPLICABLE, PLEASE STATE "NA". PLEASE REFER TO THE "INSTRUCTIONS FOR IKO LIMITED WARRANTY APPLICATION" DOCUMENT FOR MORE DETAILS.

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: _____

THERMOSCAN ANALYSIS

Performed By: _____ Surface Area Covered: _____ Copy Attached: YES NO

EXISTING PRODUCT INFORMATION:

Original Installation Date: _____
 Deck Type: _____ Surface Area Covered: _____ ft² (min. 2500 ft²) Roof Slope: _____
 Vapour Retarder: _____ Attachment Method: _____
 Insulation: _____ Attachment Method: _____
 Overlay Board: _____ Attachment Method: _____
 Ply Sheets (if applicable), number and type: _____ Attachment Method: _____
 Base Sheet (if applicable): _____ Attachment Method: _____
 Cap Sheet : _____ Attachment Method: _____
 Base Flashing: _____ Attachment Method: _____
 Cap Flashing: _____ Attachment Method: _____

IKO PRODUCTS USED (IKO products must be utilized. Any substitutions from IKO products must be pre-approved by IKO Technical Services)

Primer: _____ Field Cap Sheet: _____
 Flashing Cap Sheet: _____ Accessory Products: _____
 Other Products Used: _____
 Work Schedule – Start Date: _____ Finish Date: _____
 WARRANTY PERIOD APPLIED FOR 10 YRS. 15 YRS.

THIS APPLICATION AND THERMOSCAN MUST BE RECEIVED BY IKO AT LEAST 2 WEEKS PRIOR TO THE PROSPECTIVE START DATE. THE THERMOSCAN MUST HAVE BEEN COMPLETED WITHIN 90 DAYS OF THE PROSPECTIVE START DATE. 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 RE-COVER 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. THIS LIMITED WARRANTY DOES NOT COVER THE BOND BETWEEN NEW IKO MATERIALS AND EXISTING MATERIALS LEFT IN PLACE, ISSUES ATTRIBUTABLE TO EXISTING MATERIALS OR THE REPLACEMENT OF ANY EXISTING MATERIALS.

Contractor's Signature: _____ Date: _____