

# IKO DIAMOND SHIELD LIMITED WARRANTY APPLICATION

Please download the PDF form to your computer or network drive, and then open it with Adobe Reader and fill it.  
 Save and Send completed form to [ikotechusa@iko.com](mailto:ikotechusa@iko.com).

**NOTE: Submit this Application at least 2 weeks prior to job start.** IKO products must be utilized; any substitutions from IKO products must be pre-approved by IKO Technical Services. Warranty issuance is contingent upon successful inspection of the completed roofing project. Warranty is valid only upon receipt of full payment to IKO for warranty. Consult IKO Innovati TPO Installation Manual, IKO Innovati Attachment Guide, and IKO detail drawings at [iko.com/innovati](http://iko.com/innovati), for complete information regarding technical and attachment requirements for warranties. **Please attach a Roof Drawing indicating the linear dimensions of all roof areas, with this Warranty Application.**

Today's Date \_\_\_\_\_ Project Start Date \_\_\_\_\_

Warranty Start Date \_\_\_\_\_

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## APPLICATOR INFORMATION

Company Name \_\_\_\_\_ IAAP # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Main Phone \_\_\_\_\_ Direct/Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

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## BUILDING INFORMATION

Building Name \_\_\_\_\_

Building Address \_\_\_\_\_

(Please enter a complete street address, cross streets are not allowed)

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Building Owner (Warranty Holder) \_\_\_\_\_

Building Owner Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Roof Height (in feet) \_\_\_\_\_ Roof Access (choose one) \_\_\_\_\_

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## PROJECT INFORMATION

Project Type (choose one) \_\_\_\_\_ Roof Area (in square feet, NOT squares) \_\_\_\_\_

**IF NEW CONSTRUCTION, GO TO NEXT PAGE. IF COMPLETE TEAR-OFF & RE-ROOF** describe existing roofing system to be **removed**:

Existing Insulation Type (choose one) \_\_\_\_\_

Existing Insulation Attachment (choose one) \_\_\_\_\_

Existing Membrane (choose one) \_\_\_\_\_

Existing Membrane Attachment (choose one) \_\_\_\_\_

**IF PARTIAL TEAR-OFF & RE-ROOF or RE-COVER** describe existing roof system to be **left in place**:

NOTE: Existing materials left in place are not included in the IKO Diamond Shield Warranty.

Number of Insulation Layers (excluding cover board) \_\_\_\_\_ Total Thickness of Remaining Layers \_\_\_\_\_

Existing Insulation Type (choose one) \_\_\_\_\_

Existing Insulation Attachment (choose one) \_\_\_\_\_

Existing Membrane (choose one) \_\_\_\_\_

Existing Membrane Attachment (choose one) \_\_\_\_\_

Surfacing (if any) (choose one) \_\_\_\_\_

Above-Membrane Components (choose one) \_\_\_\_\_

## DIAMOND SHIELD WARRANTY TERM

Diamond Shield Warranty Term (choose one) \_\_\_\_\_ Additional Coverage (choose one) \_\_\_\_\_

**NOTE:** Additional Coverage options require technical enhancements to the roofing system. See the IKO Innovati Installation Manual, IKO Innovati Attachment Guide, and all relevant details, for technical requirements, and contact IKO Technical Services for further information.

## STRUCTURAL DECK

Deck Type (choose one) \_\_\_\_\_ Deck Slope \_\_\_\_\_ : 12" or \_\_\_\_\_ %

**IF STEEL: Steel Gauge** (choose one) \_\_\_\_\_

### DECKS OTHER THAN STEEL

Wood Deck Thickness (inches) \_\_\_\_\_

Structural Concrete Deck PSI \_\_\_\_\_

## ROOFING MEMBRANE

Membrane Thickness (choose one) \_\_\_\_\_ Membrane Attachment (choose one) \_\_\_\_\_

Membrane Field Sheet Width (choose one) \_\_\_\_\_

### FOR MECHANICALLY ATTACHED MEMBRANES (INCLUDING INDUCTION WELD)

Membrane Fasteners (choose one) \_\_\_\_\_

Membrane Fastener Length (choose one) \_\_\_\_\_

Membrane Plates (choose one) \_\_\_\_\_

Number of Perimeter Half-Sheets \_\_\_\_\_

Fastener Spacing In-Seam (inches o.c.): Field \_\_\_\_\_ Perimeter \_\_\_\_\_ Corners \_\_\_\_\_

Spacing of Induction Weld Plates; Field \_\_\_\_\_ Perimeter \_\_\_\_\_ Corners \_\_\_\_\_

### FOR FULLY ADHERED MEMBRANES

Adhesive Type (choose one) \_\_\_\_\_

## COVER BOARD

**NOTE:** If no Cover Board is used, select "No" response to first question and leave rest of section blank. If layers are through-fastened, state fastener information only once.

**COVER BOARD?** (choose one) \_\_\_\_\_ Cover Board Type (choose one) \_\_\_\_\_

Cover Board Thickness (choose one) \_\_\_\_\_ Board Size (choose one) \_\_\_\_\_

### FOR MECHANICAL ATTACHMENT

Cover Board Fasteners (choose one) \_\_\_\_\_

Cover Board Fastener Length (choose one) \_\_\_\_\_

Cover Board Plates (choose one) \_\_\_\_\_

Number of Fasteners per Board: Field \_\_\_\_\_ Perimeter \_\_\_\_\_ Corners \_\_\_\_\_

### FOR ADHESIVE ATTACHMENT

**Note:** 4'x4' boards are required for Adhesive Attachment

Adhesive (choose one) \_\_\_\_\_

Adhesive Bead Spacing: Field \_\_\_\_\_ Perimeter \_\_\_\_\_ Corners \_\_\_\_\_

## FLAT INSULATION

If layers are through-fastened, state fastener information only once. Leave information for any layers not used blank. If more than four layers are used, enter specifics in the Additional Information below.

# of Layers FLAT Insulation \_\_\_\_\_

**Note: 4'x4' boards are required for Adhesive Attachment**

### TOP LAYER (OR FIRST INSULATING LAYER UNDER COVER BOARD)

Insulation Type (choose one) \_\_\_\_\_

Thickness (choose one) \_\_\_\_\_ Board Size (choose one) \_\_\_\_\_

**FOR MECHANICAL ATTACHMENT** Fasteners (choose one) \_\_\_\_\_

Fastener Length (choose one) \_\_\_\_\_ Plates (choose one) \_\_\_\_\_

Number of Fasteners per Board: Field \_\_\_\_\_ Perimeter \_\_\_\_\_ Corners \_\_\_\_\_

**FOR ADHESIVE ATTACHMENT** Adhesive (choose one) \_\_\_\_\_

Adhesive Bead Spacing: Field \_\_\_\_\_ Perimeter \_\_\_\_\_ Corners \_\_\_\_\_

### 2nd LAYER (LAYER BELOW TOP LAYER; LEAVE BLANK IF NO 2nd LAYER)

Insulation Type (choose one) \_\_\_\_\_

Thickness (choose one) \_\_\_\_\_ Board Size (choose one) \_\_\_\_\_

**FOR MECHANICAL ATTACHMENT** Fasteners (choose one) \_\_\_\_\_

Fastener Length (choose one) \_\_\_\_\_ Plates (choose one) \_\_\_\_\_

Number of Fasteners per Board: Field \_\_\_\_\_ Perimeter \_\_\_\_\_ Corner \_\_\_\_\_

**FOR ADHESIVE ATTACHMENT** Adhesive (choose one) \_\_\_\_\_

Adhesive Bead Spacing: Field \_\_\_\_\_ Perimeter \_\_\_\_\_ Corner \_\_\_\_\_

### 3rd LAYER (LAYER BELOW 2ND LAYER; LEAVE BLANK IF NO 3rd LAYER)

Insulation Type (choose one) \_\_\_\_\_

Thickness (choose one) \_\_\_\_\_ Board Size (choose one) \_\_\_\_\_

**FOR MECHANICAL ATTACHMENT** Fasteners (choose one) \_\_\_\_\_

Fastener Length (choose one) \_\_\_\_\_ Plates (choose one) \_\_\_\_\_

Number of Fasteners per Board: Field \_\_\_\_\_ Perimeter \_\_\_\_\_ Corner \_\_\_\_\_

**FOR ADHESIVE ATTACHMENT** Adhesive (choose one) \_\_\_\_\_

Adhesive Bead Spacing: Field \_\_\_\_\_ Perimeter \_\_\_\_\_ Corner \_\_\_\_\_

### 4th LAYER (LAYER BELOW 3RD LAYER; LEAVE BLANK IF NO 4th LAYER)

Insulation Type (choose one) \_\_\_\_\_

Thickness (choose one) \_\_\_\_\_ Board Size (choose one) \_\_\_\_\_

**FOR MECHANICAL ATTACHMENT** Fasteners (choose one) \_\_\_\_\_

Fastener Length (choose one) \_\_\_\_\_ Plates (choose one) \_\_\_\_\_

Number of Fasteners per Board: Field \_\_\_\_\_ Perimeter \_\_\_\_\_ Corner \_\_\_\_\_

**FOR ADHESIVE ATTACHMENT** Adhesive (choose one) \_\_\_\_\_

Adhesive Bead Spacing: Field \_\_\_\_\_ Perimeter \_\_\_\_\_ Corner \_\_\_\_\_

### THERMAL BARRIER (leave blank if NO Thermal Barrier)

Insulation Type (choose one) \_\_\_\_\_

Thickness (choose one) \_\_\_\_\_ Board Size (choose one) \_\_\_\_\_

**FOR MECHANICAL ATTACHMENT** Fasteners (choose one) \_\_\_\_\_

Fastener Length (choose one) \_\_\_\_\_ Plates (choose one) \_\_\_\_\_

Number of Fasteners per Board: Field \_\_\_\_\_ Perimeter \_\_\_\_\_ Corner \_\_\_\_\_

**FOR ADHESIVE ATTACHMENT** Adhesive (choose one) \_\_\_\_\_

Adhesive Bead Spacing: Field \_\_\_\_\_ Perimeter \_\_\_\_\_ Corner \_\_\_\_\_

**TAPERED INSULATION**

Tapered System Extent: *(choose one)* \_\_\_\_\_

Tapered Insulation Type *(choose one)* \_\_\_\_\_ Tapered Slope: \_\_\_\_\_

**FOR MECHANICAL ATTACHMENT**

Fasteners *(choose one)* \_\_\_\_\_

Fastener Length *(choose one)* \_\_\_\_\_ Plates *(choose one)* \_\_\_\_\_

# Fasteners per Board; Field \_\_\_\_\_ Perimeter \_\_\_\_\_ Corner \_\_\_\_\_

**FOR ADHESIVE ATTACHMENT**

Adhesive *(choose one)* \_\_\_\_\_

Adhesive Bead Spacing: Field \_\_\_\_\_ Perimeter \_\_\_\_\_ Corner \_\_\_\_\_

**VAPOR BARRIER**

Type: \_\_\_\_\_ Attachment: \_\_\_\_\_

**THERMAL BARRIER**

Type: \_\_\_\_\_ Thickness: \_\_\_\_\_

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

**EDGE TERMINATION**

Termination Type *(choose item)* \_\_\_\_\_

Termination Fasteners *(choose item)* \_\_\_\_\_

Fastener Spacing \_\_\_\_\_ o.c.

**PLEASE ADD ANY NOTES OR ADDITIONAL INFORMATION**

Notes:

**BE SURE THAT YOUR CORRECT EMAIL ADDRESS HAS BEEN PROVIDED.  
BE SURE YOU SAVE THIS DOCUMENT BEFORE SENDING TO IKO.**

**IKO REVIEW & RESPONSE**

IKO Technical Services will review this warranty application and respond to you below. Be sure that your correct email address has been provided.

- If your warranty application is returned as approved, you do not need to respond below.
- If you are asked to provide additional information or to make changes in the proposed system:
  - Changes can be made to the appropriate sections above, and you can note any further response in the bottom section below.
  - Please enter the date of your changes/responses in the box provided.

**IKO TECHNICAL SERVICES RESPONSE TO ROOFING APPLICATOR**

Today's Date \_\_\_\_\_

**WARRANTY APPLICATION STATUS** *(choose item)* \_\_\_\_\_

Notes to Roofing Applicator:

**ROOFING APPLICATOR RESPONSE TO IKO TECHNICAL SERVICES**

Today's Date \_\_\_\_\_

Notes to IKO Technical: