

IKO DIAMOND SHIELD LIMITED WARRANTY APPLICATION (CANADA)

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 ikotechcanada@iko.com.

NOTE: This warranty application is for IKO Innovati TPO Roofing Systems. 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, for complete information regarding technical and attachment requirements for warranties. **Please attach a Roof Drawing indicating the linear dimensions of all roof areas to receive a warranty, with this Warranty Application.**

Today's Date _____ Project Start Date _____

Warranty Start/Date of Substantial Completion _____

APPLICATOR INFORMATION

Company Name _____ IKO IAAP # _____

Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Contact Name _____ Title _____

Main Phone _____ Direct/Mobile Phone _____ Email _____

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) _____

PROJECT INFORMATION

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

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) _____

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

Deck Thickness (inches) _____ Deck PSI _____

Underlayment/Vapour Retarder (choose one) _____

Attachment method (choose one) _____

ROOFING MEMBRANE

Membrane Thickness (choose one) _____ Membrane Attachment (choose one) _____

FOR MECHANICALLY ATTACHED MEMBRANES (INCLUDING INDUCTION WELD)

Membrane Fasteners (choose one) _____

Membrane Fastener Length (choose one) _____

Membrane Plates (choose one) _____

Fastener Spacing In-Seam (inches o.c.): Field _____ Perimeter _____ Corner _____

Spacing of Induction Weld Plates: Field _____ Perimeter _____ Corner _____

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 _____ Corner _____

FOR ADHESIVE ATTACHMENT

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

Adhesive (choose one) _____ Adhesive Bead Spacing _____

FLAT INSULATION

If layers are through-fastened, state fastener information only once. Leave information for any layers not used blank. If more than three 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 _____ Corner _____

FOR ADHESIVE ATTACHMENT Adhesive (choose one) _____

Adhesive Bead Spacing: Field _____ Perimeter _____ Corner _____

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

Choose Full Tapered System, Saddles/Crickets, or None (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 _____

EDGE TERMINATION

Termination Type (choose item) _____

Termination Fasteners (choose item) _____

Fastener Spacing _____ o.c.

PLEASE ADD ANY NOTES OR ADDITIONAL INFORMATION

Note

**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: