



# FLUID-APPLIED ROOFING

Warranty Application Form

## General Information

Owner: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Title (Position): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Project Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Architect/Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

## System Information

**NOTE: Each application is designated for one (1) installed system.**

Substrate: \_\_\_\_\_ Coating System: \_\_\_\_\_  
 If substrate is Polyurethane Foam, list manufacturer: \_\_\_\_\_ Foam thickness (inches): \_\_\_\_\_  
 Completion Date: \_\_\_\_\_ Area (Square Feet): \_\_\_\_\_  New Application  Recoat  
 If the project is a "Recoat", provide coating manufacturer and type of coating: \_\_\_\_\_

## Material Information

**NOTE: This application WILL NOT be processed without the following material information placed in the chart below.**

Product Number:				
Quantity (Gallons):				

Materials Purchased From (Name & Address): \_\_\_\_\_

## Warranty Information

Length of Warranty:  1 Year  5 Years  10 Years Other: \_\_\_\_\_  
 Type of Warranty:  Material & Labor

## Overall Roof Information

Moisture Detection Method:  Core Samples  Infra-red Thermography (Attach)  Other \_\_\_\_\_  
 Interior Drains:  No  Yes, Number \_\_\_\_\_ Exterior Drains/Scuppers:  No  Yes, Number \_\_\_\_\_  
 Surface Preparation: \_\_\_\_\_  
 Sheet Flashing, Type: \_\_\_\_\_ Sealant, Type: \_\_\_\_\_ Patching Material, Type: \_\_\_\_\_  
 Slope:  Flat  Pitched, Degree of Pitch \_\_\_\_\_ Percent (%) of Area Subject to Ponding (Attach Drawing): \_\_\_\_\_

## Warranties by Electronic Signature

To obtain and execute warranties digitally, please provide the information below. The digital option greatly expedites the warranty process. However, if you prefer to bypass this option, they will be processed via US mail.

Applicator Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Owner Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature (Officer of the Company) & Company Information**

**APPLICATOR CERTIFICATION:** Applicator hereby represents and warrants that all of the information provided by Applicator is accurate and complete, and that the NEOGARD products have been applied and maintained in accordance with NEOGARD's recommendations and NEOGARD's written guide specification.

**Note: Warranty requests submitted later than 90 days from date of substantial completion are subject to a third party inspection at cost to the Applicator. Please submit all warranties to [warranty@neogard.com](mailto:warranty@neogard.com).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**NEOGARD Approval**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2728 Empire Central • Dallas, TX 75235 • Phone (214) 353-1600 • Email [warranty@neogard.com](mailto:warranty@neogard.com)