

MULE-HIDE PRODUCTS CO., INC.

EFFECTIVE SEPT 2011

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HEAT-WELD WARRANTY APPLICATION

<p><u>PROJECT NAME:</u> Building Name _____ Street _____ City _____ State _____ Zip _____ County _____ Architect/Specifier _____ Phone _____</p> <p><u>BUILDING OWNER:</u> Name _____ Contact Name _____ Phone _____</p>	<p><u>CONTRACTOR NAME:</u> Name _____ Street _____ City _____ State _____ Zip _____ Phone _____ Fax _____ Mule-Hide Applicator Number _____ Person filling out application _____</p> <p><u>DISTRIBUTOR INFORMATION:</u> Distributor Name _____ City _____ State _____ Salesman _____</p>
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<u>WARRANTY FEE SELECTION</u>	<u>PRICE/S.F.</u>	<u>SIZE (S.F.)</u>	<u>COST</u>
Membrane Only - 10 Years	N/A	x _____ =	\$25.00 flat fee
Membrane Only - 15 Years ⁴	\$.01	x _____ =	(MIN \$100.00)
Membrane Only - 20 Years ^{4,6}	\$.02	x _____ =	(MIN \$200.00)
Standard - 10 Years ^{3,4}	\$.05	x _____ =	(MIN \$400.00)
Standard - 10 Years and 15 Membrane Only ^{3,4,5}	\$.06	x _____ =	(MIN \$500.00)
Standard - 10 Years and 20 Membrane Only ^{3,4,5,6}	\$.07	x _____ =	(MIN \$600.00)
Standard - 15 Years ^{3,4}	\$.08	x _____ =	(MIN \$525.00)
Standard - 15 Years and 20 Membrane Only ^{3,4,5,6}	\$.10	x _____ =	(MIN \$725.00)
Standard - 20 Years ^{2,3,4,6}	\$.11	x _____ =	(MIN \$800.00)
Premium - 10 Years ^{1,3,4}	\$.04	x _____ =	(MIN \$350.00)
Premium - 10 Years and 15 Membrane Only ^{1,3,4,5}	\$.05	x _____ =	(MIN \$450.00)
Premium - 10 Years and 20 Membrane Only ^{1,3,4,5,6}	\$.06	x _____ =	(MIN \$550.00)
Premium - 15 Years ^{1,3,4}	\$.07	x _____ =	(MIN \$475.00)
Premium - 15 Years and 20 Membrane Only ^{1,3,4,5,6}	\$.09	x _____ =	(MIN \$675.00)
Premium - 20 Years ^{1,2,3,4,6}	\$.10	x _____ =	(MIN \$750.00)

Important Warranty Notes:
 Current Warranty fee schedules are as listed. Please contact Mule-Hide for pre-approval when applying for any non-published Warranty timeframes or any other non-standard considerations..

<p>1 Mule-Hide Premium Warranties are offered only on new construction and total tear-off systems, or for recover (retrofit) systems when an independent company has performed a moisture survey. Accepted survey types are nuclear, infrared and conductive. The moisture survey must be submitted with the Warranty application for recover applications. All wet roofing materials found in the survey must be removed. Requires use of Mule-Hide insulation.</p> <p>2 Refer to 20-Year Design Enhancement Documents</p>	<p>3 These warranties are only available to Mule-Hide Warranty Eligible Applicators</p> <p>4 Commercial projects only. Standard and Premium System Warranties are not available for residential projects.</p> <p>5 Upon expiration of the Standard or Premium warranty component the terms and conditions of the membrane only warranty apply.</p> <p>6 Requires .060 Reinforced TPO or PVC</p>
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Warranty applications and pre-job survey form must be sent in for approval before the start of the project. Requests for final inspection must be received within 30 days of roof completion. Warranties must be executed within 90 days of roof completion. Any warranty issued by Mule-Hide Products Co., Inc. will be based upon the accuracy and completeness of the information contained in this warranty application, roof drawing and pre-job survey.

ELIGIBLE CONTRACTOR SIGNATURE (MUST BE AN OFFICER OF THE COMPANY)

By _____ Title _____ Date _____

PRE-JOB SURVEY

Mule-Hide Limited Membrane and NDL System Warranties are only valid when components are installed according to manufacturers' specifications. Always refer to Mule-Hide Application Guidelines for additional information. If specifications were written for this project, please submit one copy with this application

ROOF MEMBRANE TPO 45 60 80 Minimum of 60-mil membrane is required for 20-year warranties
 PVC 50 60 80

SYSTEM TYPE Fully Adhered Ballasted Mechanically Attached

ROOF SYSTEM New Roof Re-Roof (Tear Off) Recover (Over Existing)

BUILDING TYPE Commercial Public/Government School Worship Healthcare

Institutional Industrial Funeral Residential (10 year Membrane Only Warranty ONLY)

BUILDING HEIGHT: _____ ft. **NUMBER OF LEVELS:** _____

PARAPET HEIGHTS: North _____ ft. South _____ ft. East _____ ft. West _____ ft. (show on roof plan)

PROJECT START DATE: _____ **PROJECTED/ACTUAL COMPLETION DATE:** _____



If you are completing this application for a "membrane" warranty, please stop here. For all other types of warranties, please continue.



DRAINAGE: Slope per ft.: _____ Positive Drainage? Yes No

EXISTING ROOF: (Check All Appropriate) Skip if New Construction or Roof Membrane is removed

Roof Type: Asphalt Modified Cold Process Spray Foam (Must be removed)
 Coal Tar Pitch Age of CTP: _____ Resaturated within last 10 years? Y N
 TPO PVC EPDM Other _____

Surface: Smooth Stone Granules Gravel Was the Roof Gravel Broomed?

EXISTING INSULATION: Skip if New Construction or Roof Insulation is removed

Was a Moisture Survey Performed? Yes No Type of Survey: _____

Core Samples Taken? Yes No **ALL WET INSULATION MUST BE REMOVED FOR WARRANTY**

ROOF INSULATION: Indicate type, thickness, and whether insulation is new or is being re-used.

Overlayment/Cover Board: Size: 4' x 4' 4' x 8'

HDFB - Dens Deck - Other: _____ Thickness _____" Manufacturer _____

Insulation: New Existing Type: Flat Tapered Size: 4' x 4' 4' x 8'

HDFB - ISO - EPS - Other: _____ Thickness: _____" Manufacturer: _____

Insulation: New Existing Type: Flat Tapered Size 4' x 4' 4' x 8'

HDFB - ISO - EPS - Other: _____ Thickness: _____" Manufacturer: _____

Vapor Barrier Type: _____ Thermal Barrier: _____

SlipSheet: HP-Protection Mat Other: _____

ROOF DECK TYPE: (List Thickness or Gauge) Fastener tests are required for all Non-FM deck types

Steel: _____ Gauge Wood Planking: _____ "Thick Concrete: _____ "Thick
 Plywood: _____ "Thick Gypsum: _____ "Thick Tectum: _____ "Thick
 Insulating Concrete installed over: Steel _____ Gauge Concrete Other _____
 Oriented Strand Board: _____ "Thick Other: _____

INSULATION ATTACHMENT

Fasteners: DP-12 HD-14 HD-15 **Brand:** Mule-Hide Other: _____

Fasteners installed per board - Board Size: 4' x 4' 4' x 8'

Field: _____ Perimeter: _____ Corner: _____

INSTA STIK Adhesive

Contractor confirms that the crew using INSTA STIK Quik Set on this project is properly trained in handling, storage, and use. DOW Applicator # _____

Contractor requires job start-up assistance and training on the proper use of INSTA STIK Quik Set before this project starts.

Project or roof has been damaged by high winds - Attach explanation

Project distance from Coast Line > 50 Miles _____ Miles

Adhesive Pattern Field— 12" oc Perimeter— 12" oc Corner — 9" oc

Field— 12" oc Perimeter— 9" oc Corner — 6" oc

Other Field - ____" oc Perimeter - ____" oc Corner - ____" oc

MEMBRANE FASTENERS (MECHANICALLY ATTACHED SYSTEMS ONLY)

ALL MECHANICALLY ATTACHED SYSTEMS REQUIRE THE USE MULE-HIDE HEAVY DUTY, #14 FASTENERS AS A MINIMUM. HEAVY DUTY, #15 FASTENERS ARE REQUIRED FOR FLORIDA AND FM APPROVALS.

Fastener Type: HD-14 HD-15 Fastener Length: _____

TPO Sheet Width: 6' 8' 10' 12' Half Sheets: -1 - 2 - _____

PVC Sheet Width: 80" Half Sheets: -1 - 2 - _____

Fastener Spacing in Seam: 6" 12"

FASTENER / ADHESIVE PULL TESTS

Was a pull out test conducted? Yes No **Submit copy of test to Mule-Hide**

Fastener Tested: DP-12 HD-14 HD-15 Other _____

If yes, number of test pulls: _____ High Value: _____ Low Value: _____

Adhesive Tested: INSTA STIK Other _____

If yes, number of test pulls: _____ High Value: _____ Low Value: _____

MEMBRANE ADHESIVES (FULLY ADHERED SYSTEMS ONLY)

What Type of Adhesive was used for the field sheets: Solvent Based Water Based

APPROVALS

Does this project require compliance with Factory Mutual (FM) Yes No

If "yes", which requirement: FM 1-90 Other _____

Does this project require compliance with Underwriters Laboratory (UL)? Yes No

If "yes", please select the appropriate rated needed Class A Class B Class C

Does this project require compliance with Florida NOA? Yes No