

****LETTER OF INTENT TO WARRANT MUST BE ATTACHED TO THIS WARRANTY REQUEST FORM****

Project Name: _____

Roof ID (main, canopy, etc.): _____

Building Address: _____

City, State, Zip: _____

Building Owner: _____

Owner's Address: _____

City, State, Zip: _____

Phone: _____

Contractor Name: _____

Contractor's Address: _____

City, State, Zip: _____

Contact: _____ Contact phone: _____

Warranty Term: 10 year _____ 15 year _____ 20 year _____

ADCO Roofing Product used: _____

PROJECT TYPE (check one):

New Construction

Tear-off

Retro-fit – List existing system configuration (deck, insulation type, # of layers, roof system)

Other-explain _____

DECK TYPE (check one):

- | | |
|---|--|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Steel |
| <input type="checkbox"/> Structural (Poured/Pre-cast) | <input type="checkbox"/> Gypsum – Poured/Plank |
| <input type="checkbox"/> Structural Lightweight | <input type="checkbox"/> Cementitious Wood Fiber |
| <input type="checkbox"/> Lightweight Insulating Concrete* | <input type="checkbox"/> Wood – Plywood/Plank |

Other-explain _____

Vapor Retarder: No _____ Yes _____ type: _____

Insulation Type (boards not to exceed 4'x4'): _____ # of layers: _____

Cover Board: No _____ Yes _____ (type): _____

Roof System Type: _____

Roof System Manufacturer: _____

Roof Manufacturer Warranty Attached: Yes _____ No _____

Total Square Feet: _____ Roof Building Height: _____

Roof Area Dimensions (attach drawing if possible): _____

Distance From Coastline/Large Body of Water: _____

PERIMETER EDGE DESCRIPTION (circle one):

- | | |
|---|--|
| <input type="checkbox"/> flat edge | <input type="checkbox"/> parapet – height at perimeter _____ |
| <input type="checkbox"/> interior wall – height _____ | <input type="checkbox"/> other (explain): _____ |

Has roof and/or building ever been damaged by high winds? No _____ Yes _____

If yes, explain _____

If enhanced wind speed protection required (standard=74 mph), what is it? _____

FM Approval Requirement? _____ No _____ Yes list requirement: FM Class 1- _____

FM insured project? _____ No _____ Yes

Contract Price: _____ Project Completion Date: _____

** NOTE: Warranty will not be issued until project is complete.
 ** In order for warranty to go into effect, ADCO Products, Inc. MUST receive BOTH a copy of the roof manufacturer's warranty and payment for warranty in full.
 ** Payments are to be sent to: ADCO Products, Inc. PO Box 457, 4401 Page Ave. Michigan Center, MI 49254

LETTER OF INTENT TO WARRANT

Thank you for considering the use of ADCO Roofing Products. You have made an excellent choice. ADCO Products, Inc. will issue a (10 year, 15 year or 20 year) adhesion warranty, for the project stated below.

Our warranty will be issued under the following conditions:

- 1) Millennium adhesive is applied in strict compliance with all guidelines issued by ADCO Products, Inc.
- 2) The roof system is installed in accordance to the roof system manufacturer's recommendations and specifications.
- 3) The roof system manufacturer has issued a warranty covering the roof system.
- 4) ADCO Products, Inc. and/or its distributor has been paid in full, within terms, for all products and services used on this project.
- 5) The Contractor will, at his own expense, repair any adhesion defects due to improper workmanship, which includes but is not limited to applications over non-approved substrates, poor substrate conditions or poor preparation, wet substrates at the time of application, use of damaged or warped insulation boards, or the use of insulation types and board sizes not approved by ADCO Products, Inc.

Prior to project start, please submit a completed Warranty Request Form attached to a signed copy of this Letter of Intent to Warrant. Forms can be mailed to ADCO Roofing Products, 17340 Munn Road, Chagrin Falls, OH 44023 or faxed to 440-708-0165. Upon project completion, submit a copy of the roof system manufacturer's warranty. ADCO Products, Inc. **MUST** be in receipt of the roof system manufacturer's warranty prior to the issuance of a ADCO Products, Inc. warranty. Failure to submit all required project information may relieve ADCO Products, Inc. from any liability for this project.

Project Name _____

Project Location _____

Roofing Contractor Authorized Representative (print) _____

Roofing Contractor Authorized Representative (signature) _____

Title _____ Date _____

Regards,

Jim Galvin, Technical Service Manager Commercial Roofing
ADCO Roofing Products