

MULE-HIDE PRODUCTS CO., INC.

EFFECTIVE APRIL 2009

P.O. Box 1057 Beloit, WI 53512-1057 Phone: 800/786-1492 Fax: 888/218-7838 www.mulehide.com

EPDM WARRANTY APPLICATION

<p><u>PROJECT NAME:</u></p> <p>Building Name _____</p> <p>Street _____</p> <p>City _____ State _____ Zip _____</p> <p>County _____</p> <p>Architect/Specifier _____</p> <p>Phone _____</p>	<p><u>CONTRACTOR NAME:</u></p> <p>Name _____</p> <p>Street _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>Mule-Hide Applicator Number _____</p> <p>Person filling out application _____</p>
<p><u>BUILDING OWNER:</u></p> <p>Name _____</p> <p>Contact Name _____</p> <p>Phone _____</p>	<p><u>DISTRIBUTOR INFORMATION:</u></p> <p>Distributor Name _____</p> <p>City _____ State _____</p> <p>Salesman _____</p>

<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 ⁵	\$.01	x	= (MIN \$100.00)
Membrane Only - 20 Years ^{4,5}	\$.02	x	= (MIN \$200.00)
Standard - 10 Years ^{3,5}	\$.05	x	= (MIN \$400.00)
Standard - 10 Years and 15 Membrane Only ^{3,5}	\$.06	x	= (MIN \$500.00)
Standard - 10 Years and 20 Membrane Only ^{3,4,5}	\$.07	x	= (MIN \$600.00)
Standard - 15 Years ^{3,5}	\$.08	x	= (MIN \$525.00)
Standard - 15 Years and 20 Membrane Only ^{3,4,5}	\$.10	x	= (MIN \$725.00)
Standard - 20 Years ^{1,2,3,4,5}	\$.11	x	= (MIN \$800.00)
Premium- 10 Years ^{1,3,5}	\$.04	x	= (MIN \$350.00)
Premium - 10 Years and 15 Membrane Only ^{1,3,5}	\$.05	x	= (MIN \$450.00)
Premium - 10 Years and 20 Membrane Only ^{1,3,4,5}	\$.06	x	= (MIN \$550.00)
Premium - 15 Years ^{1,3,5}	\$.07	x	= (MIN \$475.00)
Premium - 15 Years and 20 Membrane Only ^{1,3,4,5}	\$.09	x	= (MIN \$675.00)
Premium - 20 Years ^{1,2,3,4,5}	\$.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.

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 the use of Mule-Hide Polyisocyanurate Insulation.

3 These warranties are only available to Mule-Hide Warranty Eligible Applicators.

4 Black or White-on-Black .060 membranes only

5 Commercial projects only. Standard and Premium System Warranties are not available for residential projects.

2 Refer to 20-Year Design Enhancement Documents

6 Upon Expiration of the Standard or Premium warranty component the terms and conditions of the membrane only warranty apply.

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

SYSTEM TYPES Fully Adhered Ballasted Mechanically Attached

MEMBRANE GAUGE .045 .060 .090

MEMBRANE TYPE Standard Black Black Reinforced White-on-Black

THIS BUILDING IS Commercial Public/Government School Worship Healthcare
Institutional Industrial Funeral Residential (10 year Membrane Only Warranty ONLY)

BUILDING USE _____ **BUILDING HEIGHT** _____ft. **NUMBER OF LEVELS** _____

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.



ROOF DECK TYPE: (List Thickness or Gauge)

Metal _____ Gauge Wood Planking _____ "Thick Concrete _____ "Thick

Plywood _____ "Thick Gypsum _____ "Thick Tectum _____ "Thick

Lightweight Insulating Concrete _____ "Thick Oriented Strand Board _____ "Thick

Other—Describe _____

PLEASE NOTE THAT A FASTENER PULLOUT TEST IS REQUIRED FOR ALL NON-FM DECKS

EXISTING ROOF: (Check All Appropriate)

Asphalt Coal Tar Pitch Modified Cold Process Smooth Stone Granules Gravel

If Coal Tar Pitch, please list age _____ Has the roof been resaturated within the last 10 years? Y N

Single Ply Membrane (Type) _____ Manufacturer (If Known) _____

Other Type of System _____ Manufacturer (If Known) _____

Was This A Complete Removal? Was the Roof Gravel Broomed?

Slope per ft. _____ Positive Drainage? Yes No

EXISTING INSULATION:

Type of Existing Insulation _____ Thickness _____"

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

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

NEW INSULATION:

Base Layer:

Type(ISO, EPS, Etc.)_____ Thickness_____” Size_____ Manufacturer_____

Tapered Insulation:

Type(ISO, EPS, Etc.)_____ Thickness_____” Size_____ Manufacturer_____

Overlayment/Coverboard:

Type(ISO, EPS, Etc.)_____ Thickness_____” Size_____ Manufacturer_____

Vapor Barrier Type:_____ Separator/Slip Sheet:_____

Insulation Attachment: Fasteners Insta-Stick (Separate Warranty) Asphalt

INSULATION FASTENERS

Was a fastener pull out test conducted? Yes No

If you answered ‘yes’, please note that a copy of the pull out test must be submitted with this application.

If a fastener pull out test was conducted, how many pulls were taken_____

Type of fastener used (example: Standard #12, Heavy Duty #14, etc.)_____

Fastener Length_____ Fastener Manufacturer_____

Number of Fasteners used per Board (***MUST BE FILLED OUT***)

FIELD: 4x4_____ 4x8_____ PERIMETER: 4x4_____ 4x8_____ CORNER: 4x4_____ 4x8_____

MEMBRANE FASTENERS (MECHANICALLY ATTACHED SYSTEMS ONLY)

Was a fastener pull out test conducted? Yes No

If you answered ‘yes’, please note that a copy of the pull out test must be submitted with this application.

If a fastener pull out test was conducted, how many pulls were taken_____

ALL MECHANICALLY ATTACHED SYSTEMS REQUIRE MULE-HIDE HEAVY DUTY, #14 MINIMUM FASTENERS

Fastener Length_____ Field Sheet Width_____

Spacing of Fasteners in the Seams (***MUST BE FILLED OUT***)

FIELD 6” 12” 18” PERIMETER 6” 12” 18”

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 you answered “yes”, which requirement? _____

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

If you answered “yes”, please select the appropriate rated needed Class A Class B Class C