

REQUEST FOR FLEX GUARANTEE FORM

THIS FORM MUST BE RECEIVED BY THE FLEX TECHNICAL SERVICES DEPARTMENT PRIOR TO PROJECT START-UP FOR PROJECT APPROVAL AND WARRANTY ACCEPTANCE. PLEASE ATTACH A COMPLETE ROOF PLAN/MAP WITH ACCURATE DIMENSIONS.

Project Information:

Name of Building: _____
 Building Owner's Name: _____
 Address of Building: _____
 City: _____ State: _____ Zip: _____
 Contact: _____
 Phone: _____ Fax: _____
 Architect/Consultant Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____
 Phone: _____ Fax: _____
 Email: _____
 Flex Applicator: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____
 Phone: _____ Fax: _____
 Email: _____

Flex Materials Purchased From:

Distributor: _____
 Branch: _____
 Date: _____

Building Use:

Commercial: Industrial: Institutional:
 Agricultural: Residential:
 New Construction:
 Re-Roof: Tear Off Cover Over
 Total Roof Area: _____ Square Feet
 Field Area: _____ Square Feet
 Flashing Area: _____ Square Feet
 Building Height: _____ Feet
 Moisture Survey: Yes No
 Core Sample: Yes No
 Coal Tar Pitch Present: Yes No

Project Specifics:

Start Date: _____
 Substantial Completion Date: _____
 Technical Assistance Required: Yes No
 Date Technical Assistance Requested: _____

Roof System Assembly:

Adhered: V2T Vent:
 Mechanically Attached: Ballast:
 RhinoBond/Isoweld:

Roof Membrane:

Flex FB Elvaloy: _____ Mil thickness
 Flex FB PVC: _____ Mil thickness
 Flex MF/R Elvaloy: _____ Mil thickness
 Flex MF/R PVC: _____ Mil thickness
 Flex TPO: _____ Mil thickness
 Flex TPO FB: _____ Mil thickness
 Color: White Gray Tan Custom

Insulation Type: _____
 Insulation Thickness: _____
 Tapered Insulation System: Yes No
 Cover Board Type: _____
 Deck Type: _____ Deck Slope: _____

Flex Warranty Type:

Labor and Material: Material Only:
 No Dollar Limit:
 Total Roof System: (includes all components of roof)

Length of Warranty:

5 Year: 10 Year: 15 Year:
 20 Year: 25 Year: 30 Year:

Additional Warranty Riders:

Wind: _____ Miles Per Hour
 Hail: _____ Inch Diameter

Overburden:

Green/Garden Roof: Paver: Solar:
 Other: _____

Please identify all components of the new Flex roof system assembly from the top layer down to the deck or existing roof. Please be specific.

- | | | |
|----------|----------|----------|
| 1) _____ | 4) _____ | 7) _____ |
| 2) _____ | 5) _____ | 8) _____ |
| 3) _____ | 6) _____ | 9) _____ |

Upon completion of the project, a Contractor's Final Checklist Form must be completed and forwarded to Flex to request an initial final inspection, which will be conducted at no charge. If a second final inspection is required Flex may, at Flex's discretion, charge the contractor a fee of \$500.00 plus Travel Expenses. Payment of warranty fee and all project material invoices must be received in full by Flex prior to issuance of project warranty.

Contractor Statement of Responsibility:

We certify that the project information contained in this warranty application has been completed to the best of our knowledge and no pertinent information has been omitted. We agree to install the Flex Roof System in accordance with Flex's current specifications and details, and should a failure in this installation occur as a result of falsification, or misrepresentation of performance, liability for all warranty obligations relating to workmanship shall revert from Flex to us, the Roofing Contractor.

We agree for a period of two (2) years from the completion of the installation to:

- 1) Indemnify and hold Flex harmless from any loss or expense resulting from the negligent installation or maintenance of the roof by the Roofing Contractor or its agents. During such times the Roofing Contractor shall investigate all complaints regarding the performance of the installation and report its findings to Flex and shall promptly make all repairs at its own expense due to defective installation.
- 2) Request written authority from Flex to make repairs at Flex's expense, if the leaks are due to imperfections in the Flex materials.

We further agree that in the event we do not effect repairs to the roofing installation as described above, in a proper, workmanlike and professional manner in keeping with industry standards and Flex requirements, within thirty (30) days of written notice from the project or building owner or Flex, then We, the Roofing Contractor, shall be primarily obligated and responsible for all costs and expenditures incurred for any repairs or corrections to the roofing installation made by any third parties.

We have read the above and We, (the Roofing Contractor), are in agreement with all items and terms of this Document. The signature below must be from an officer of the Roofing Contractor.

Roofing Contractor: _____

Officer's Signature: _____ Title: _____

Officer's Printed Name: _____ Phone: _____

Official Use Only

FINAL INSPECTION REPORT

Date of Final Inspection _____ Performed by: _____

Contractor Represented By: _____

Architect/Building Owner Represented By: _____

Approved: Approved with exceptions: (Punch List to Follow)

Re-inspection Required: Not Approved: