

## 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:

Flex:  Distributor:   
Distributor Name: \_\_\_\_\_  
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 Start Up:  Yes  
Interim Visits Required:  Yes  
Additional Interim Visits Required:  Yes  
(Charges Apply Per Additional Interim Visit(s))

### 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: