WARRANTY APPLICATION

Directions for Application

1. Fill out complete application
2. Attach proof of purchase/invoices for materials
3. Attach Certificate of Insurance
4. Email or mail above information to:

   EnduraRoofwarranty@carlisle.com
   Tel: 866.787.6947

   Henry Company
   Attn: Warranty
   336 Coldstream Rd
   Kimberton, PA 19442

5. All warranties are issued to the installing contractor
6. The application must be signed by the installing contractor

Type of Warranty You Are Requesting*

Material PLUS

Warrants product against product defect; provides material & labor costs for repair

- ☐ EnduraRoof Premium Silicone
- ☐ EnduraRoof Acrylic
- ☐ EnduraRoof Premium Acrylic

Please answer each required question below.*

1. Was peel adhesion testing done on the existing roof membrane substrate and minimum adhesion strength result(s) of (2) pounds per linear inch obtained (required for silicone or acrylic roof coatings on single-ply membrane, previously coated membrane, smooth MB/BUR and metal roof)?

   ☐ Yes ☐ No

2. Please identify the System, application rate, and warranty:

   _____

   _____

3. Type(s) of moisture survey performed **(at least one required):**

   - ☐ Infrared Thermography
   - ☐ Nuclear Scan
   - ☐ Electric Capacitance/Impedance Testing
   - ☐ Core Samples

PROJECT*		OWNER*		INSTALLING CONTRACTOR*	
Name		**Name**		**Name**	
Address		**Address**		**Address**	
City		**City**		**City**	
State	**ZIP**	**State**	**ZIP**	**State**	**ZIP**
Contact		**Contact**		**Contact**	
Email		**Email**		**Email**	
Phone		**Phone**		**Phone**	

Contact, Email, and Phone fields are optional for Project and Owner entries. **All fields must be completed for Installing Contractor.**
If ZIP (postal code) is not available, please enter "not available."

*Required field

Term (yrs)* _____ Total Project Square Feet* _____ Project Start Date _____ Project Completion Date (MM/DD/YY)* _____

Where did you purchase materials from?*

QXO Branch Location _____ City/State _____

Are there additional Contractors involved in the installation?

Name _____ Products Installed _____

Name _____ Products Installed _____

Name _____ Products Installed _____

	EnduraRoof Materials Used*	Estimated Quantity*	Estimated Cost
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Deck Type _____

Substrate Type _____

Please specify the existing roof type*

- ☐ Smooth BUR or Smooth Modified Bitumen
- ☐ SPF
- ☐ Granulated Modified Bitumen
- ☐ Previously Coated Roof
- ☐ Metal
- ☐ Single-Ply Membrane
- ☐ Not Listed. Specify: _____

*Required field

Upon signing below, I certify and attest to the following:

1. The information provided herein is accurate to the best of my knowledge at the time of submission;
2. Our workman's comp or WSIB Certificate and liability insurance are in effect and have not been cancelled;
3. Henry Company can and should reasonably rely upon the information provided in issuing a warranty;
4. I understand that providing inaccurate or incomplete information, even if unintentional, could significantly delay the processing of the requested warranty, and possibly prevent the warranty from being issued at all;
5. I have complied with or will comply by the project completion date all relevant EnduraRoof Warranty Application Rates recommended installation requirements, as updated periodically and available on QXO.com EnduraRoof product pages;
6. I understand that it is my responsibility to obtain specification deviation approval prior to job start;
7. I have complied with or will comply in installing EnduraRoof products with good workmanship;
8. It is my responsibility to maintain a copy of the adhesion strength test result(s) and moisture detection survey.

Please attach the following:

- Tax Exemption Certificate (if applicable)
- Proof of Purchase (Invoices)
- Certificate of liability insurance, workers comp insurance or WSIB Certificate

Signed: _____ Date: _____