



APPLICATION FOR PRODUCT WARRANTY FORM (STANDARD)

Warranty issue date will be based upon completed application of these products.

		Project Type (circle one)	
		1 Mass Transit	11 Military facilities
1. Project:		2 Parking garages	12 Churches
Building: _____		3 Office bldgs/hdqtrs	13 Retail
Street Address: _____		4 Stadiums / Arenas	14 Residential–single *
City, State and Zip _____		5 Entertainment Complex	15 Residential–multi *
2. Owner:		6 Medical	16 Industrial
Owner: _____		7 Schools/Universities	17 Hotels / Motels
Street Address: _____		8 Convention Centers	18 Utilities
City, State and Zip: _____		9 Government Facilities	19 Other – not listed
Attention: _____		10 Airports	

*No warranties are issued for Underseal™ on residential projects

3. Waterproofer:

Firm: _____

Street Address: _____

City, State and Zip: _____

Attention: _____ Phone: _____

4. Architect / Engineer:

Firm: _____

Street Address: _____

City, State and Zip: _____

Attention: _____ Phone: _____

5. General Contractor:

Firm: _____

Street Address: _____

City, State and Zip: _____

Attention: _____ Phone: _____

Job Site Contact and Phone Number:

6. Distributor:

Firm: _____

Street Address: _____

City, State and Zip: _____

Attention: _____ Phone: _____

7. Type and Amount of Waterproofing Used:

Type of Waterproofing	Product Used (Brand Name)	U / M	Quantity
Underseal® Underslab Waterproofing:	_____	Sq. Ft.	_____
Underseal® Blindsided Waterproofing:	_____	Sq. Ft.	_____
Parking Garage:	_____	Sq. Ft.	_____
Mechanical Rooms, Labs, Kitchens:	_____	Sq. Ft.	_____
Tunnels:	_____	Sq. Ft.	_____
Other Below Grade Waterproofing:	_____	Sq. Ft.	_____
Other Plaza / Deck Waterproofing:	_____	Sq. Ft.	_____
Liquid Waterproofing:	_____	Gallons	_____
Spray Applied Waterproofing:	_____	Gallons	_____
Other (Explain):	_____	Sq. Ft.	_____

8. Polyguard Products Accessories Purchased For This Project:

Type of Accessory	Product Used (Brand Name)	U / M	Quantity
Fabric Tape:	_____	Qty.	_____
Liquid Adhesive:	_____	Qty.	_____
Mastic:	_____	Qty.	_____
Liquid Membrane 95:	_____	Qty.	_____
Detail Sealant:	_____	Qty.	_____
Protection/Drainage Board:	_____	Qty.	_____
Other:	_____	Qty.	_____

9. Surfaces / Substrates that Products were applied to: i.e., Concrete, CMU block, ICF, etc.

10. Date Installation Completed:

Date: _____

11. Warranty requested:

Standard 5 Year Warranty – all warranties must be pre-approved. All warranties require that drainage board (if used) **MUST** be Polyguard brand.

Special Warranty - all warranties must be pre-approved. All warranties require that drainage board (if used) **MUST** be Polyguard brand.

Mail warranty to: _____

By signing below, I certify that only Polyguard Products accessories and drainage board have been used on this project.

Completed by _____

Date submitted _____

Mailing: ENNIS, TEXAS 75120-0755
Shipping: 3801 S. HWY. 45 • ENNIS, TEXAS 75119
PH: 214-515-5000 • FAX: 972-875-9425
E-Mail: polyguard@polyguardproducts.com
Web Site: www.polyguardproducts.com

