

Polyguard

APPLICATION FOR PRODUCT WARRANTY FORM

To be issued only after project is complete

		<i>Project Type (circle one)</i>	
1. Project: Building: _____ Street Address: _____ City, State and Zip: _____	1 Mass Transit	11 Military facilities	
	2 _____	12 Churches	
2. Owner: Owner: _____ Street Address: _____ City, State and Zip: _____ Attention: _____	3 Office bldgs/hdqtrs	13 Retail	
	4 Stadiums / Arenas	14 Residential–single *	
	5 Entertainment Complex	15 Residential–multi *	
	6 Medical	16 Industrial	
	7 Schools/Universities	17 Parking garages	
	8 Convention Centers	18 Hotels / Motels	
	9 Government Facilities	19 Utilities	
	10 Airports	20 Other – not listed	

*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:

Below Grade Waterproofing: _____ Sq. Ft. _____

Plaza or Deck Waterproofing: _____ Sq. Ft. _____

Parking Garage: _____ Sq. Ft. _____

Mechanical Rooms, Labs, Kitchens: _____ Sq. Ft. _____

Tunnels: _____ Sq. Ft. _____

Underslab: _____ Sq. Ft. _____

Blindside: _____ Sq. Ft. _____

Liquid Waterproofing: _____ Mils _____

Other (Explain): _____ Sq. Ft. _____

8. Polyguard Products Accessories Purchased For This Project:

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: _____

11. Warranty requested: _____ **Standard (5 year)**
 _____ **Special (all warranties must be pre-approved. Special warranties require that drainage board [if used] must be Polyguard brand.)**

Mail warranty to: _____

Completed by

Date submitted

1/21/10
w.xusw.blankwarranties.warranty request foms

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