

(Sign next page if system warranty desired)

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**Attach Roof Diagram** 

Dalton, GA Hickory, NC Mount Airy, NC Salt Lake City, UT

## EnduraTech® Premier Roofing System Request for Warranty Form Must be approved before works begins

<ul> <li>□ EnduraRock™ System Warranty [fill out BOTH sides]</li> <li>□ 10 Year</li> <li>□ 15 Year</li> <li>□ 20 Year</li> </ul>	
<ul> <li>□ EnduraPlus™ System Warranty [fill out BOTH sides]</li> <li>□ 10 Year</li> <li>□ 15 Year</li> <li>□ Optional Wind Warranty</li> <li>□ Optional Florida Power &amp; Light Coating Warranty</li> </ul>	
□ EnduraTech® Material Only [fill out this side only] □ 10 Year □ 15 Year □ 20 Year  Tier One Applicator  Address Phone Number/Email	
Building Owner  Address Phone Number/Email	
Building Name & Contact  Address  Phone Number/Email  Name of Roof Section	
Description of Current Roof □ New Construction	n or □ <u>Re-Roofing</u>
Roof Sizeft <sup>2</sup> Age	Pitch □ Heated □ Air Conditioned
Type of Deck Type of Substra	ate to which Foam will be applied
Projections	
Building's Use	
Current Problem	
Core sample of roof down to deck submitted: Yes	No
Proposed Scope of Work	
Foam Densitylbs/ft³ Foam Thickness	_in Coating Type Thicknessmil
If EnduraRock, Type of RockSize_	
Other Details	
Planned Start-up Date Plan	nned Completion Date
This roofing project will be completed in accordance with l specifications and recommendations and shall be completed.	
Signed by Applicator:	Date
Acceptance by NCFI:	

## EnduraTech® Premier Roofing System

Request for Warranty Ten, Fifteen, or Twenty Year

NCFI Polyurethanes and the NCFI TIER ONE APPLICATOR indicated on the reverse side of this form, enter into the following agreement, which is supplemental to the NCFI TIER ONE APPLICATOR AGREEMENT for NCFI EnduraTech Premier Roofing System WARRANTY, for the purpose of providing the building owner, as described on the reverse side of this form (OWNER), a Ten, Fifteen, or Twenty Year Warranty.

NCFI and NCFI TIER ONE APPLICATOR agree to the following:

- (1) NCFI TIER ONE APPLICATOR is to pay in full for all materials used in this roof project (hereinafter referred to as PROJECT) and all warranty fees prior to the issuance of the Warranty.
- (2) The warranty must be issued within 90-days of job completion. NCFI TIER ONE APPLICATOR shall notify NCFI upon completion of work so a final inspection can be completed, pay warranty fees and obtain necessary signatures in a timely manner. NCFI will ensure that inspections will be scheduled and paperwork will be completed in a timely manner.
- (2) NCFI TIER ONE APPLICATOR agrees to inspect the warranted roofs one year and two years after completion of the PROJECT and at least every two years thereafter as long as the Warranty remains in effect. NCFI TIER ONE APPLICATOR will be responsible for correcting any and all workmanship defects discovered as a result of this inspection, notwithstanding the responsibilities listed below. Please send a report of your findings to NCFI.
- (3) In the event repairs covered under the WARRANTY AGREEMENT are needed after NCFI specifications have been followed, responsibilities are as follows:
  - (a) During the first 2 years that the Warranty is in effect, NCFI will provide the required foam and coating materials to NCFI TIER ONE APPLICATOR. NCFI TIER ONE APPLICATOR will provide tools and labor needed to complete repairs.
  - (b) During the balance of the warranty period, NCFI will be responsible for the full cost of warranty repairs. NCFI TIER ONE APPLICATOR, at NCFI's request, shall provide NCFI with a proposal, including reasonable cost, to complete repairs. NCFI may accept NCFI TIER ONE APPLICATOR's proposal or seek alternative means to affect repairs.
- (4) If either party is notified of a warranty claim, it shall promptly notify the other and arrange the necessary inspections.
- (5) The obligations of NCFI and NCFI TIER ONE APPLICATOR contained in this agreement shall survive the termination of the NCFI TIER ONE APPLICATOR AGREEMENT.

## Title \_\_\_\_\_\_ Date \_\_\_\_\_\_ By (Signed) \_\_\_\_\_\_\_ NCFI POLYURETHANES By (Typed/Printed) \_\_\_\_\_\_ Date \_\_\_\_\_\_ Date \_\_\_\_\_\_ Title \_\_\_\_\_\_ Date \_\_\_\_\_\_

