



Metal Roof Coating System Intent to Warrant Form (Labor & Material) Years

Building | Project: _____

Building Full Address: _____

Size of Roof(s): _____

Rust: Minimal _____ Moderate _____ Severe _____ Not Applicable _____

Location of rust on roof and percentage %: _____

Types of materials on roof used to patch areas and the location:

Asphalt: _____

Silicone: _____

Other: _____

Are there gaps (larger than 1/16") between any vertical panels? _____ If yes, describe and locate):

Fasteners: Backed-out _____ Missing _____ Rusted _____

How many new fasteners are needed? _____

Does the roof pond water? _____ Where? _____

Do any panels need to be replaced? _____ How many? _____

Location: _____

Are there any other areas not mentioned that need to be repaired or replaced? _____

Overall condition of the roof: Poor _____ Fair _____ Good _____ Excellent _____

Vertical Seams – Panel configuration: Ribbed _____ Corrugated _____

Standing Seams _____ Other _____

Panel Width _____ Condition of Vertical Seams: _____

Horizontal Seams | Endcaps – Panel length: _____

Condition of Horizontal seams: _____

Ridge Caps – Configuration: Raised _____ If yes, are they tight? _____

Flushed _____ If yes, are there gaps between ridge and panel? _____

Ridge Vents: Yes _____ No _____ General _____

Condition: _____

Skylights – Total number of skylights _____ Size _____ Composition: _____

Interior Gutters – Total number of feet: _____ Composition: _____ Condition: _____

Expansion Joints – Is joint functional? _____ Condition: _____

Eaves – Exterior Gutter? _____ Condition: _____

Any additional details present on roof? (pipes, condensate, lines, etc.)? _____



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KARNAK products to be used _____

Brief specifications for product application specific to this project. (i.e. Wire brush metal roof, treat seams with Karna-Flex WB and Mesh, Apply 404 and 501): _____

Contractor Company Name: _____

Contractor Contact Name: _____

Contractor Full Address: _____

Contractor Phone Numbers: _____

Contractor Email: _____

Building Owner | Manager Information | Warranty Holder's Contact Information

Warranty Holders Company Name: _____

Warranty Holders Contact Name: _____

Warranty Holders Full Address: _____

Warranty Holders Phone Number: _____

Warranty Holders Email: _____

Please submit ALL photos with application to KARNAK Technical Services

Email: warranty@karnakcorp.com or smartinez@karnakcorp.com

This completed form must be submitted to KARNAK Corporation for all warranty jobs. KARNAK will have two (2) weeks to conduct an inspection, if deemed necessary. The contractor must receive written approval from KARNAK before beginning the job. It is the contractor's responsibility to ensure that conditions, surface preparation, design and application are in accordance with KARNAK's current published application instructions and recognized industry standards.

KARNAK's final inspection does not constitute approval of the completed job. The contractor is solely responsible for the quality control of the application.

Approved by (type name please): _____

KARNAK Technical Services (signature): _____ Date: _____