



## Coating System Intent to Warranty Form (Labor & Material) \_\_\_\_ Years

Building / Project: \_\_\_\_\_

Building Full Address: \_\_\_\_\_

Buildings Principal Use: \_\_\_\_\_ Age: \_\_\_\_\_

Existing Roof System: \_\_\_\_\_ Roof Size (Sq. Ft.): \_\_\_\_\_ Age: \_\_\_\_\_

Roof Type (Check all that apply):

\_\_\_\_ BUR \_\_\_\_ Mod. Bit. APP \_\_\_\_ Smooth SBS Mod. Bit \_\_\_\_ Meta I

\_\_\_\_ Granule Covered SBS \_\_\_\_ EPDM \_\_\_\_ PVC \_\_\_\_ TPO \_\_\_\_ Concrete \_\_\_\_ SPF \_\_\_\_ Other \_\_\_\_\_

Linear Feet of Seams: \_\_\_\_\_ Is roof currently coated? \_\_\_\_\_ If yes, with what? \_\_\_\_\_

Is roof experiencing leaks at this time? \_\_\_\_\_ If yes, list how many \_\_\_\_\_ and where: \_\_\_\_\_

Is roof experiencing ponding in any areas at this time? \_\_\_\_\_

\_\_\_\_ Include Roof Schematic Drawing and Pictures clearly marking buildings and separate roof areas.

**NOTE:** If there are multiple buildings in a complex, document building number and location – if necessary draw illustration map of buildings to identify in case the numbering system changes. Or download picture from Google Earth and number each building. Include notes such as Building Use & Particulars, ie: warehouse, factory, produces widgets, etc. Also note surrounding buildings or land and list possible contaminants, ie sandy field, smoke stacks, etc. Note any unusual details specific to project including detailed documentation and pictures on seams, penetrations, stacks, leaks, openings, alligatoring, etc. and intended repair methodology.

Any areas of concern? \_\_\_\_\_ (If yes, submit photos and details with application)

Moisture Survey Done: \_\_\_\_\_ If no, why not? \_\_\_\_\_  
(submit copy of survey with application)

KARNAK products to be used \_\_\_\_\_

Brief specifications for product application specific to this project. Ie: 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: \_\_\_\_\_

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: \_\_\_\_\_