



MULE-HIDE PRODUCTS CO., INC.

P.O. Box 1057 Beloit, WI 53512-1057 Phone: 800/786-1492 Fax: 888/218-7838 www.mulehide.com

MH Project# _____

SELF-ADHERING MOD BIT WARRANTY APPLICATION

EFFECTIVE FEBRUARY 2008

PROJECT INFORMATION

Building Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Architect/Consultant: _____
 Phone: _____

INSTALLING CONTRACTOR INFORMATION

Company Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Person Completing Application: _____

BUILDING OWNER INFORMATION

Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____
 Phone: _____

Mule-Hide Applicator Number: _____

DISTRIBUTOR INFORMATION

Distributor Name: _____
 City: _____ State: _____
 Salesman: _____

IF SPECIFICATIONS WERE WRITTEN FOR THIS PROJECT, PLEASE SUBMIT ONE COPY WITH THIS APPLICATION.

WARRANTY INFORMATION

PROJECT START DATE _____ PROJECTED OR ACTUAL COMPLETION DATE _____

WARRANTY TYPE	LENGTH	BUILDING TYPE	BASE SHEET	INTER-PLY	CAP SHEETS	PRICE PER S.F.	SIZE (S.F.)	COST
Membrane Only ⁶	15 Years	Commercial & Residential	SA Base Sheet ¹	Not Required	SA-SBS Cap SA-APP Cap ³	N/A	X	= FREE (DISTRIBUTOR INVOICES REQUIRED)
Membrane Only ⁶	20 Years	Commercial & Residential	SA Base Sheet ¹	SA Base Sheet ²	SA-SBS Cap SA-APP Cap ³	N/A	X	= FREE (DISTRIBUTOR INVOICES REQUIRED)
Standard System ⁴	10 Years	Commercial	Not Required ¹	Not Required	SA-SBS Cap SA-APP Cap	\$.05	X	= \$ (\$300.00 Min) (DISTRIBUTOR INVOICES REQUIRED)
Standard System ⁴	12 Years	Commercial	Not Required ¹	Not Required	SA-SBS Cap SA-APP Cap	\$.07	X	= \$ (\$400.00 Min) (DISTRIBUTOR INVOICES REQUIRED)
Standard System ⁴	15 Years	Commercial	SA Base Sheet ¹	Not Required	SA-SBS Cap SA-APP Cap ³	\$.10	X	= \$ (\$500.00 Min) (DISTRIBUTOR INVOICES REQUIRED)
Standard System ⁴	20 Years	Commercial	SA Base Sheet ¹	SA Base Sheet ²	SA-SBS Cap SA-APP Cap ³	\$.12	X	= \$ (\$700.00 Min) (DISTRIBUTOR INVOICES REQUIRED)
Premium System ^{4,5}	10 Years	Commercial	Not Required ¹	Not Required	SA-SBS Cap SA-APP Cap	\$.06	X	= \$ (\$400.00 Min) (DISTRIBUTOR INVOICES REQUIRED)
Premium System ^{4,5}	12 Years	Commercial	Not Required ¹	Not Required	SA-SBS Cap SA-APP Cap	\$.08	X	= \$ (\$500.00 Min) (DISTRIBUTOR INVOICES REQUIRED)
Premium System ^{4,5}	15 Years	Commercial	SA Base Sheet ¹	Not Required	SA-SBS Cap SA-APP Cap ³	\$.12	X	= \$ (\$700.00 Min) (DISTRIBUTOR INVOICES REQUIRED)
Premium System ^{4,5}	20 Years	Commercial	SA Base Sheet ¹	SA Base Sheet ²	SA-SBS Cap SA-APP Cap ³	\$.15	X	= \$ (\$900.00 Min) (DISTRIBUTOR INVOICES REQUIRED)

¹When applying membranes over non-acceptable substrate, the Mule-Hide Nail Base must be mechanically attached to the deck prior to installing the SA Base Sheet or SA Cap Sheet. (Since the Nail Base is perforated, it can not be counted as a water proofing layer)

²When applying for 20 year warranties, a total of 2 plies of SA Base are required prior to installing SA Cap Sheet.

³Smooth Surfaced SA-APP Cap Sheet is only available for 10 year warranties. 15 and 20 year warranties require granulated membranes.

⁴Labor and Material - Only available to Mule-Hide Warranty Eligible Contractors.

⁵Premium warranties require use of all Mule-Hide labeled products including insulation, insulation fasteners, plates and Mule-Hide approved manufactured metal components. Products used in the system that are not Mule-Hide labeled components or Metal-Era Anchor-Tite Edge Metal are not covered by this warranty.

⁶Covers Replacement of defective material and labor necessary to install the replacement membrane on the area determined by Mule-Hide to be affected. Review the warranty for specific terms and conditions.

Warranty applications and pre-job survey form must be sent in for approval before the start of the project. Requests for final inspection must be received within 30 days of roof completion. Warranties must be executed within 90 days of roof completion. Any warranty issued by Mule-Hide Products Co., Inc. will be based upon the accuracy and completeness of the information contained in this warranty application, roof drawing and pre-job survey.

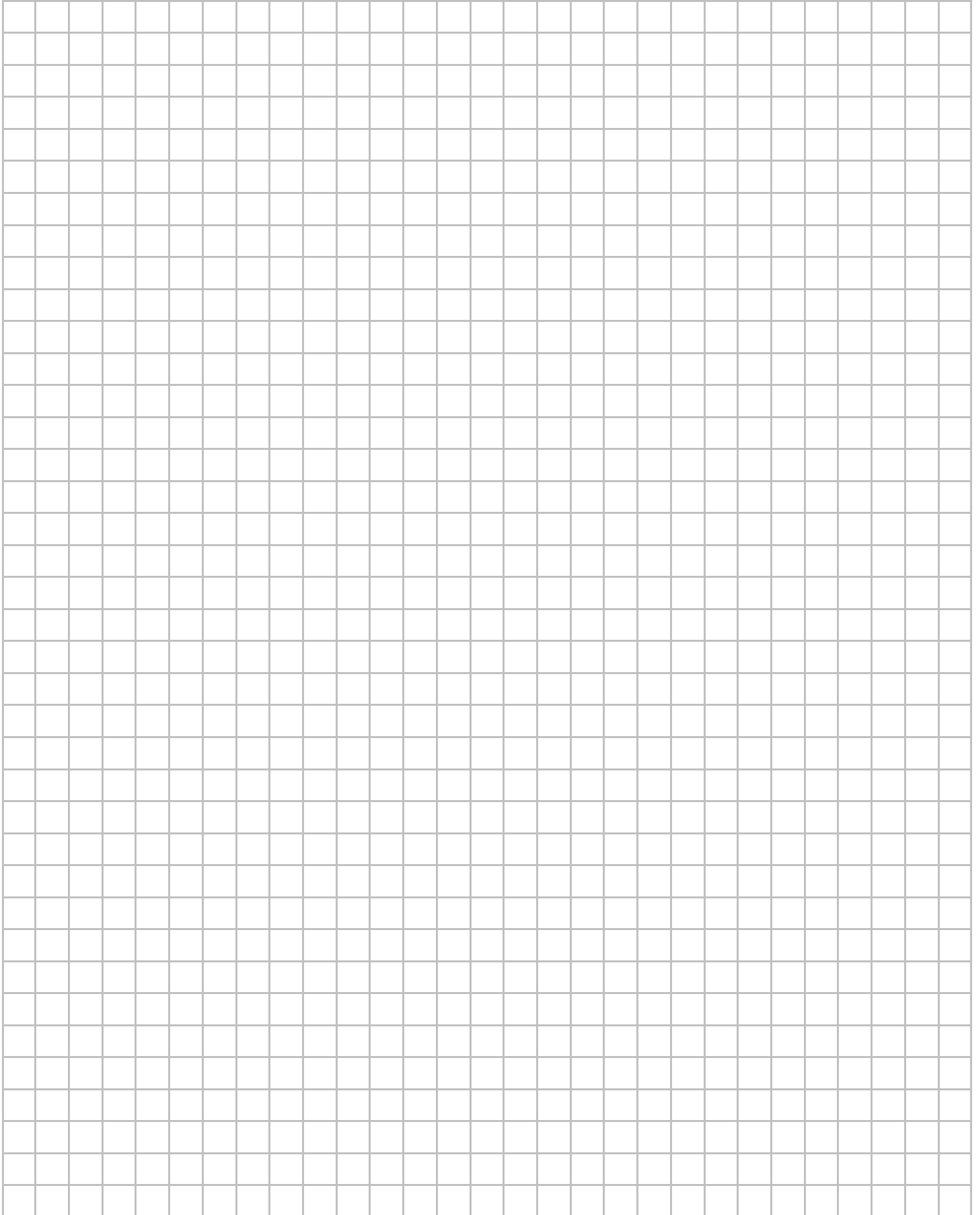
ELIGIBLE CONTRACTOR SIGNATURE (MUST BE AN OFFICER OF THE COMPANY)

By _____ Title _____ Date _____

ROOF DRAWING

ALL PROJECTS REQUIRE A SUBMITTAL OF A ROOF DRAWING AND DIMENSIONS

PLEASE INDICATE IF PROJECT HAS MULTIPLE DECK TYPES OR SYSTEM TYPES



PRE-JOB SURVEY

PRIOR TO COMPLETING THE PRE-JOB SURVEY, PLEASE CONSULT THE MULE-HIDE SELF-ADHERING MODIFIED BITUMEN APPLICATION GUIDELINES FOR APPROPRIATE PRODUCTS AND PRODUCT USES FOR EACH INDIVIDUAL ROOF SYSTEM

NEW ROOFING SYSTEM INFORMATION

Type of Installation (check box) New Construction Recover Removal & Replacement

Base Sheet: Nail Base SA Base Sheet SA Base Sheet FR

Inter-Ply: SA Base SA Base FR _____ Number of Plies

Cap Membrane: APP APP FR APP Smooth SBS SBS FR

Top Coating used (if any): _____

ROOF DECK TYPE: (List Thickness or Gauge)

Metal _____ Gauge Wood Planking _____ "Thick Concrete _____ "Thick

Plywood _____ "Thick Gypsum _____ "Thick Tectum _____ "Thick

Lightweight Insulating Concrete _____ "Thick Oriented Strand Board _____ "Thick

Other—Describe _____

PLEASE NOTE THAT A FASTENER PULLOUT TEST IS REQUIRED FOR ALL NON-FM DECKS
F.M. Approved Minimums: 22 gauge steel, 3/4" T & G Fire Treated plywood overlaid with Mule-Hide Nail Base or 2" Nominal Lumber

For questions on non-approved decks, contact the Mule-Hide Technical Department at 800/786-1492

EXISTING ROOF: (Check All Appropriate)

Asphalt Coal Tar Pitch Modified Cold Process Smooth Stone Granules Gravel

Single Ply Membrane (Type) _____ Manufacturer (If Known) _____

Other Type of System _____ Manufacturer (If Known) _____

Was This A Complete Removal? Was the Roof Gravel Broomed?

Slope per ft. _____ (NOTE: 1/4" min. slope is required) Positive Drainage? Yes No

EXISTING INSULATION:

Type of Existing Insulation _____ Thickness _____ "

Was a Moisture Survey Performed? Yes No Type of Survey _____

Core Samples Taken? Yes No

ALL WET INSULATION MUST BE REMOVED FOR WARRANTY

▶▶ PLEASE CONTINUE THE 'PRE-JOB SURVEY' ON THE BACK PAGE ▶▶

PRE-JOB SURVEY

NEW INSULATION:

Base Layer:

Type(ISO, EPS, Etc.)_____ Thickness_____” Size_____ Manufacturer_____

Tapered Insulation:

Type(ISO, EPS, Etc.)_____ Thickness_____” Size_____ Manufacturer_____

Overlayment:

Type(ISO, 6-Sided HD, Etc.)_____ Thickness_____” Size_____ Manufacturer_____

Vapor Barrier Type:_____ Separator/Slip Sheet:_____

Insulation Attachment: Fasteners Insta-Stick (Separate Warranty) Asphalt Other_____

INSULATION FASTENERS

Was a fastener pull out test conducted? Yes No

If you answered ‘yes’, please note that a copy of the pull out test must be submitted with this application.

If a fastener pull out test was conducted, how many pulls were taken_____

Type of fastener used (example: Standard #12, Heavy Duty #14, etc.)_____

Fastener Length_____ Fastener Manufacturer_____

Fastening Pattern: FIELD: 4x4_____ 4x8_____ PERIMETER: 4x4_____ 4x8_____

BASE SHEET ATTACHMENT

Base Sheet/s Used: M-H Nailbase M-H Self-Adhered Base Other—Brand Type_____

Was a fastener pullout test conducted? Yes No

IF YOU ANSWERED ‘YES’, PLEASE SEND A COPY OF THE PULLOUT RESULTS WITH THIS APPLICATION.

If a pullout test was conducted, how many pulls were taken?_____ What was high?_____ What was low?_____

Type of fastners used (ex: #12, #14HD, Steel Cap Nails, etc.)_____

Fastener Length_____ Fastener Manufacturer_____

Fastening Pattern: FM 1-60 - 12” o.c. on seams, 1 row 18” o.c. down center of sheet, seams are 3” overlap
(see detail MH-MB-NB FM 1-60)

FM 1-90 - 12” o.c. on seams, 2 rows 18” o.c. staggered 9” in field of sheet, seams are 4”
overlap (see detail MH-MB-NB FM 1-90)

APPROVALS

Does this project require compliance with Factory Mutual (FM)? Yes No

Which Factory Mutual Requirement (FM)?_____

Does this project require compliance with Underwriters Laboratory (UL)? Yes No

Which Underwriters Laboratory Requirement (UL)?_____

Wind Zone Requirements_____ Check Ground Roughness A B C D

PLEASE CONTACT MULE-HIDE (800-786-1492) IF YOU HAVE ANY QUESTIONS WHEN COMPLETING THIS APPLICATION