

Labor & Material Warranty Application Instructions (For Non-Metal Roofs)

Applies to:

5 & 10 Year Material & Labor Warranties Roofing

(Longer warranties are available, contact Karnak for details)

Step 1 Discuss roof application with Karnak Sales Representative (Call 800.526.4236)

Step 2 Complete Intent to Warrant Form (for non-metal roofs) and email to:

warranty@karnakcorp.com or smartinez@karnakcorp.com along with picture of roof (any

penetrations, seams, flashings or unusual details)

Please note: Pre-inspection of roof may be required before starting work to ensure

acceptable substrate.

Step 3 After obtaining approval from Karnak and discussing any specific applications with Karnak

Technical Services pertaining to project, contractor may begin work.

Step 4 Upon completion of work; contractor must fill out *Warranty Checklist Form* and email to:

smartinez@karnakcorp.com along with ALL receipts for ALL Karnak product(s) used.

Step 5 At this point, Karnak will issue a warranty invoice for payment by contractor.

Step 6 Once payment is received, Karnak will schedule an inspection. Please allow 5-10 days for the

Inspection to take place, it is coordinated with a third-party inspection company. (Please allow approximately 5-10 days from inspection date for warranty to be issued. If any areas of concern are identified on roof during inspection, a punch list will be issued. If a punch list

is issued, those areas of concern must be addressed before warranty will be approved).

Step 7 Warranty issued

Please note: Failure to include copies of all receipts will delay warranty from issuance. Warranty will be mailed out within 5-7 business days upon receipt of all items.

Karnak Warranty Contact Information:

Phone: 1.800.526.4236 Fax: 1.732.388.9422

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

Manufacturing Facilities & Warehouses



Coating System Intent to Warrant 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. BitN	1eta l	
Granule Covered SBS EPDM	PVC TPO Concret	te SPF Other	
Linear Feet of Seams: Is roo	f currently coated? If yes	, with what?	
Is roof experiencing leaks at this tin	ne? If yes, list how ma	ny	and
where:			
Is roof experiencing ponding in anyInclude Roof Schematic Drawing NOTE: If there are multiple building	g and Pictures clearly marking gs in a complex, document bu	ilding number and location	on – if necessary draw
illustration map of buildings to ider Google Earth and number each bui	,	· ·	•
factory, produces widgets, etc. Also	-		
field, smoke stacks, etc. Note any u	•	·	•
pictures on seams, penetrations, st		<u>-</u>	
Moisture Survey Done: If no, (submit copy of survey with applications for product app Karna-Flex WB and Mesh, Apply 40	ation) lication specific to this project	. le: Wire brush metal ro	of, treat seams with
Contractor Company Name:			
Contractor Contact Name:			
Contractor Full Address:			
Contractor Phone Numbers:			
Contractor Email:			
Building Owner/Manager Information Warranty Holders Company Name: Warranty Holders Contact Name: Warranty Holders Full Address:	tion / Warranty Holder's Cont		
Warranty Holders Phone Number:			
This notice is required for all warranted jobs an inspection, if deemed necessary. KARNAK must Please contact KARNAK Technical Services if you	nd must be submitted to KARNAK Corpora t provide written approval of project befo		
Approved by (type name please):			
Karnak Technical Services (signatur	·e):	 Date:	



Warranty Checklist Form

Building Name:			
Building Street Address:			
City / State / Zip:			
Owner's Name:			
Owner's Signature:			
Owner's Phone Number:		Fax:	
Buildings Principal Use:		Age:	
Existing Surface / System & Age:_			
Job Size (Sq. Ft.):	_ Start Date:	Completion:	
Product(s) Used:			
Rate of Application:		Number of Coats:	
Total Gals Used:			
Where Purchased:		P.O.#:	
Contractor Name:			
City / State / Zip:			
Contractor Phone:		Fax:	
Contractor Signature:		Date:	
Warranty Requested:			
Warranty Charge:			
Email Address:			

Please email *Warranty Checklist Form* and **ALL** receipts for **ALL** Karnak Product(s) used to Karnak Technical Services: warranty@karnakcorp.com or smartinez@karnakcorp.com Failure to include copies of receipts will delay warranty from issuance.