


**MULE-HIDE
PRODUCTS**

COATINGS WARRANTY APPLICATION

Mule-Hide Products Co., Inc. | 800-786-1492 | Fax: 888-218-7838 | mulehidewarranties@mulehide.com
National Support Center, 1195 Prince Hall Drive, Beloit, WI 53511

PROJECT NAME:

Building Name _____

Street _____

City _____ State _____ Zip _____

Architect/Consultant _____

Phone _____

CONTRACTOR NAME:

Name _____

Street _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Mule-Hide Applicator Number _____

Person filling out application _____

BUILDING OWNER:

Name _____

Street _____

City _____ State _____ Zip _____

Contact Name _____

Phone _____

DISTRIBUTOR INFORMATION:

Distributor Name _____

City _____ State _____

Salesman _____

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

NOTE: THESE PRODUCTS ARE NOT INTENDED TO BE USED OVER GRAVELED SUBSTRATES

FOR ELASTOMERIC ACRYLIC (A-SERIES) Application: Spray Roller

Type of Existing Substrate: Aged TPO (over 4 yrs old) Aged Hypalon (over 5 yrs old) EPDM

Metal New PUF Smooth Mod Bit Granulated Mod Bit New Smooth BUR (less than 5 yrs old)

Aged Smooth BUR (Over 5 yrs old) Mineral Surface Cap Sheets Skylights Masonry Walls

THIS BUILDING IS Commercial Industrial Institutional Residential (Material Warranties Only)

BUILDING USE _____ **BUILDING HEIGHT** _____ ft. **NUMBER OF LEVELS** _____

SLOPE _____ Inch per ft. New Roof Re-roof **SIZE OF COATED AREA** _____ **Square ft.**

PROJECT START DATE _____ **PROJECTED OR ACTUAL COMPLETION DATE** _____

WARRANTY FEE INFORMATION	TYPE	PRICE/S.F.	SIZE(S.F.)	COST
Material Only *	5 Years	N/A	_____ =	NO CHARGE
System Warranty* (Metal Roof Only)	5 Years	\$.04	_____ = \$_____ (MIN \$300.00)	
Material Only **	10 Years	N/A	_____ =	NO CHARGE
System Warranty** (Metal Roof Only)	10 Years	\$.07	_____ = \$_____ (MIN \$500.00)	

* Elastomeric Acrylic Application must be applied at a minimum of 2 gallons per square

**Elastomeric Acrylic Application must be applied at a minimum of 3 gallons per square (2 coat minimum)

INSTALLATION

TOTAL INSTALLATION COST: _____

Materials Used:

Cleaner: _____ gallons

Primer: _____ gallons

Base Coat: _____ gallons

Flashing Grade: _____ gallons

Finish Coat: _____ gallons

MULE-HIDE REQUIRES THAT ALL MATERIAL INVOICES BE SENT WITH THIS APPLICATION

LIST DEVIATIONS TO PUBLISHED SPECIFICATIONS OR CONDITIONS REQUIRING SPECIAL CONSIDERATION _____

Warranty applications 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 _____

MULE-HIDE WARRANTY DEPARTMENT USE ONLY

REVIEWED BY _____ ACCEPTED CHANGES REJECTED

CONTACTED CONTRACTOR Yes No NAME OF CONTACT _____

NOTES _____
