


**MULE-HIDE
PRODUCTS**

MODULAR SYSTEM 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

PLEASE PRINT OR TYPE

PROJECT INFORMATION

Project Name _____ Address _____

City _____ State _____ Zip _____

Unit Number/s _____

Building Owner _____ Owners Contact _____

Owners Contact Phone _____

DEALER INFORMATION

Company Name _____ Contact Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Mule-Hide Eligibility Number _____

MANUFACTURER INFORMATION

Company Name _____ Contact Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Mule-Hide Eligibility Number _____

SET-UP CREW INFORMATION

Company Name _____ Contact Name _____

Address _____ City _____ State _____ Zip _____

 Phone _____ Fax _____ Set-Up Crew hired by: Manufacturer Dealer
ELIGIBLE CONTRACTOR INFORMATION—If required for warranty

Company Name _____ Contact Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Mule-Hide Eligibility Number _____

Contractor hired by: Manufacturer Dealer
WARRANTY INFORMATION

	PRICE/S.F.	SIZE(S.F.)	COST
Standard - 10 Years ^{2,3}	\$.05	_____ = \$_____	(MIN \$400.00)
Standard - 15 Years ^{2,3}	\$.08	_____ = \$_____	(MIN \$525.00)
Standard - 20 Years ^{1,2,3,4}	\$.11	_____ = \$_____	(MIN \$800.00)

Important Warranty Notes:

Current Warranty fee schedules are as listed. Please contact Mule-Hide for pre-approval when applying for any non-published Warranty timeframes or any other non-standard considerations.

1 Refer to 20-Year Design Enhancement Documents

3 Commercial projects only.

2 These warranties are only available to Mule-Hide Warranty Eligible Manufacturers

4 A minimum of 60-mil membrane is required

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 APPLICATOR SIGNATURE (MUST BE AN OFFICER OF THE COMPANY)

By _____ Title _____ Date _____

M-H LIT#30.00220

PRE-JOB SURVEY

PRIOR TO COMPLETING THE PRE-JOB SURVEY, PLEASE CONSULT THE MULE-HIDE MODULAR SPECIFICATION MANUAL FOR APPROPRIATE PRODUCTS AND PRODUCT USES FOR EACH INDIVIDUAL ROOF SYSTEM

ROOF SYSTEM New Roof Re-Roof (Tear Off) Recover (Over Existing)
SHEET SIZE 13x50 15x100 10x50 10x100 20x50 20x100 Other _____
MEMBRANE TYPE EPDM Standard Black PVC TPO EPDM White-on-Black
SYSTEM TYPES Fully Adhered Mechanically Attached MEMBRANE GAUGE .045 .050 .060 .080
THIS BUILDING IS Commercial Industrial School Healthcare Worship Funeral Public/Government
NUMBER OF UNITS _____ BUILDING HEIGHT _____ ft. NUMBER OF LEVELS _____
PROJECT START DATE _____ PROJECTED OR ACTUAL COMPLETION DATE _____

ROOF DECK TYPE: (List Thickness or Gauge)

Metal _____ Gauge Plywood _____ "Thick Oriented Strand Board _____ "Thick

Other—Describe _____

NEW INSULATION

Base Layer:

Type(ISO, EPS, Etc.) _____ Thickness _____ " Size _____ Manufacturer _____

Tapered Insulation:

Type(ISO, EPS, Etc.) _____ Thickness _____ " Size _____ Manufacturer _____

Overlayment:

Type(ISO, EPS, Etc.) _____ Thickness _____ " Size _____ Manufacturer _____

Vapor Barrier Type: _____ Separator/Slip Sheet: _____

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 _____

Number of Fasteners used per Board (**MUST BE FILLED OUT**)

FIELD: 2x4 _____ 4x4 _____ 4x8 _____

PERIMETER: 2x4 _____ 4x4 _____ 4x8 _____

MEMBRANE FASTENERS (MECHANICALLY ATTACHED SYSTEMS ONLY)

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 _____

ALL MECHANICALLY ATTACHED SYSTEMS REQUIRE MULE-HIDE HEAVY DUTY, #14 MINIMUM FASTENERS

Fastener Length _____

Spacing of Fasteners in the Seams (**MUST BE FILLED OUT**)

FIELD 6" 12" 18" PERIMETER 6" 12" 18"

MEMBRANE ADHESIVES (FULLY ADHERED SYSTEMS ONLY)

What Type of Adhesive was used for the field sheets: Solvent Based Water Based



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