



PROJECT APPROVAL & WARRANTY STATEMENT
 -----FOR WARRANTED AND NON-WARRANTED PROJECTS-----

(KSI Use only)

APPROVED W/O COMMENT APPROVED W/COMMENT (Please review pg 4) REJECTED

APPLICATOR TAKE NOTICE: Before filling out this document please read the disclaimer on page four.

[1] GENERAL PROJECT INFORMATION

PROJECT NUMBER (KSI Use Only): _____

Project Name/Ref: _____ **Tax Exempt:** No Yes – Certificate Required

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Applicator Firm: _____ **Contractor of Record:** _____
 (The Authorized Contactor that will install the membrane) (The contractor name that will appear on the Warranty.)

Kemper Sales Rep: _____ **Specifier's Name:** _____

Specifier's Tel.# _____ **Specifier's E-mail:** _____

Project Type: Roof Plaza Deck Green Roof Planter Terrace Balcony Cornice/Ledge
 Foundation Fountain Flashing Only Interior Floor Water Containment
 Other Application Type: _____

Construction Type: New Construction Tearoff to Deck/Substrate Recover Existing Membrane

Anticipated Project Size: **Kemper Material, Including Flashing:** _____ Ft²

Anticipated Project Start Date: _____

[2] REQUESTED WARRANTY

Refer to Warranty Availability and Fee Schedule for project eligibility description of warranties and associated fees.

Premier NDL Warranty/Service Agreement 10 years 15 years 20 years 25 years* 30 years*

Min requirement: 500 sq. ft.

- Premier Overburden Removal & Reinstallation Rider
- Premier System Assembly Rider
- Premier Wind Coverage Rider 125 mph* 150 mph*
- Premier TC / FC Functional Surfacing Rider 10 years

Standard W&M System Warranty/Service Agreement 10 years 15 years 20 years

Min requirement: 500 sq. ft.

- Standard TC / FC Functional Surfacing Rider 10 years

Select L&M System Warranty 10 years 20 years

Min requirement: 250 sq. ft.

- Select TC / FC Functional Surfacing Rider 10 years

Select L&M TC Surfacing w/Flashing Warranty 10 years

Min requirement: 500 sq. ft.

Select L&M TC / FC Surfacing Warranty 10 years

Min requirement: 500 sq. ft.

Material Only Warranty (No Fee) 5 years 10 years

Other Warranty – Describe: _____

*LIMITED AVAILABILITY – SELECT PROJECTS ONLY. SPECIAL TECHNICAL REQUIREMENTS APPLY.

[3] STRUCTURAL CONSTRUCTION TYPE

DECK/MAIN SUBSTRATE TYPE

- Structural Concrete w/Topping Slab
- Precast Concrete w/Topping Slab
- Insulating Concrete over Structural Concrete
- Insulating Concrete over Metal Decking
- Metal (Type & Gauge) _____
- Plywood (Thickness) _____
- Wood Plank (Type & Thickness) _____
- Other _____

WALL/FLASHING SUBSTRATE TYPE

- Structural Concrete
- Precast Concrete
- Concrete Block
- Brick/Terra Cotta/Stone (Type) _____
- Metal (Type & Gauge) _____
- Plywood (Thickness) _____
- Cement Board (Type & Thickness) _____
- Other _____

[4] SUBSTRATE UNDER NEW KEMPER SYSTEM

DIRECT TO STRUCTURAL SUBSTRATE:

- Structural Concrete** (Scarify, shot blast, or grind, OR mineral-surfaced cap sheet. Requires EP Primer.)
- Precast Concrete** (Precast panels must be structurally secured together. Strip in joints with 4" Kemperol strip. Requires EP Primer.)
- Insulating Concrete NVS/Cellular/Gypsum** (Mechanically attach mineral-surfaced modified bitumen base sheet.)
- Metal Decking/Corrugated/Standing Seam/Flat Seam** (Grind to rough surface – wire brushing is not sufficient.)
- Plywood** (Strip in joints with 4" Kemperol strip.)
- Wood Plank** (Plywood, cement board, Dens-Deck, OR Sopraboard cover board required.)
- Concrete Block** (Fill all mortar joints flush. Grind to rough surface – wire brushing is not sufficient. Requires EP Primer.)
- Brick/Terra Cotta/Stone** (Fill all mortar joints flush. Grind to rough surface – wire brushing is not sufficient. Requires EP Primer.)

DIRECT TO EXISTING BITUMINOUS ROOF SYSTEM:

- Asphalt BUR-Smooth** (Adhesion test by KSI Technical Services required, OR mineral-surfaced cap sheet.)
- Asphalt BUR-Mineral Surfaced Cap Sheet**
- Asphalt BUR-Gravel Surface** (Remove all gravel surfacing. Adhesion test by KSI Technical Services, OR mineral-surfaced cap sheet.)
- APP/SBS Modified Bitumen-Smooth** (Adhesion test by KSI Technical Services required, OR mineral-surfaced cap sheet.)
- APP/SBS Modified Bitumen-Mineral Surfaced Cap Sheet**

APPLIED OVER NEW INSULATION, COVER BOARDS, BASE SHEETS:

- Isocyanurate Foam Insulation** (Requires cement board, Dens Deck Prime, Securerock, Sopraboard, or mineral-surfaced base sheet. ½" cement board required for pedestrian traffic-bearing assemblies.)

Thickness/Manufacturer: _____ **Attachment:** _____

- ½" Dens Deck Prime ½" Securerock 1/8" Sopraboard ½" Durock ½" Permabase
(Strip in coverboard joints with 4" Kemperol strip.)

- Mineral-Surfaced Base Sheet over Insulation** **Mineral-Surfaced Base Sheet direct to Deck**

Manufacturer: _____ **Attachment:** _____

OTHER: _____

[7] APPLICATOR'S PROJECT REGISTRATION CERTIFICATION STATEMENT

Applicator hereby certifies this roofing and/or waterproofing application will be installed in accordance with the terms of the Applicator Agreement between the parties, AND in strict accordance with current Kemper System, Inc. application instructions, installation requirements, and construction details. Applicator agrees to prepare all substrate surfaces as required by KSI, to assume full responsibility to determine substrate moisture content throughout the progress of work, and to only apply KSI materials to prepared, clean and dry substrates with a moisture content of five (5) percent or less.

Firm Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Print Name: _____ **Title:** _____

Officer Signature: _____ **Date:** _____

Phone: () _____ **Ext:** _____ **Fax:** () _____

Check here if job start-up assistance and/or applicator training requested. Job start assistance is required for new applicators only. **Note: Minimum 14 day notice required for all job start assistance.**

Disclaimer: Submission of this statement does not constitute approval or acceptance of this project for installation or warranty. Kemper System, Inc. ("KSI") will issue a warranty only under the terms and conditions described in the applicator agreement and the warranty. Prior to release of any materials, KSI's Technical Department must review, sign and return copy of this statement to the applicator. Review of project information and performance of on-site field inspections by KSI is solely for the benefit of Kemper System, Inc., and for the purpose of evaluating eligibility of the project for a warranty. KSI makes no representation regarding, and assumes no liability for, the adequacy of the design of this building, the sufficiency of the roofing/waterproofing system or substrate components to accept the Kemper System or any materials not supplied by KSI. Corrections or comments made during this review do not relieve the Applicator from compliance with the Applicator Agreements or Applicator's contract with the Owner. The applicator is responsible for confirming and complying with all local building and/or jurisdictional codes, and correlating all materials, quantities, dimensions, application processes, techniques of installation, and performing all work in a safe and satisfactory manner.

FOR KEMPER SYSTEM, INC. TECHNICAL DEPARTMENT USE ONLY

Approved By: _____ **Title:** _____ **Date:** _____

Approved

Conditionally Approved, provided intended application is modified to reflect comments/requirements made during Project Review, as described below.

Rejected/Please Resubmit: _____

[9] INFORMATION FOR WARRANTY SUBMIT AFTER PROJECT COMPLETION

BUILDING NAME AND ADDRESS:

Building Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____ **Country:** _____

BUILDING OWNER:

Owner Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____ **Country:** _____
Owner Contact: **Name:** _____ **Phone:** (____) _____

SPECIFIER FIRM:

Firm Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____ **Country:** _____
Firm Contact: **Name:** _____ **Phone:** (____) _____

WARRANTY COVERAGE AREAS:

The descriptions in this section shall be used in the warranty. Please be as specific as possible for the warranty to apply to all covered surfaces. If more room is needed please provide a separate page with the full description.

Area / Floor No.	APPLICATION LOCATION(S)	Area Ft ²
TOTAL PROJECT SQUARE FOOTAGE:		

COMPLETION DATE:

Date of Substantial Completion: _____

[10] APPLICATOR'S PROJECT WARRANTY CERTIFICATION STATEMENT

Applicator hereby certifies this roofing/waterproofing application was installed in accordance with the terms of the Applicator Agreement between the parties, AND in strict accordance with current Kemper System, Inc. application instructions, installation requirements, and construction details. Applicator requests that a Final Inspection for Warranty be conducted by KSI. Applicator agrees to repair all deficiencies in system application as required by KSI prior to warranty issuance. Contractor agrees to a two (2) year period of responsibility for their workmanship.

Officer Signature: _____ **Title:** _____ **Date:** _____

Note: Warranty charges will be based upon project size verified by KSI. Warranty costs are generally the responsibility of the Applicator. Therefore, KSI will bill the Applicator for these charges, unless arranged otherwise. In addition to the warranty fee, KSI may charge the Applicator for training and inspection services and related travel, lodging and expenses, in accordance with the terms of the Applicator Agreement between the parties. All outstanding material invoices, warranty fee invoices, and training and inspection invoices must be paid in full prior to warranty issuance.

FOR KEMPER SYSTEM, INC. TECHNICAL DEPARTMENT USE ONLY

Date Received: _____

Technical Approval for Warranty: _____ **Financial Approval for Warranty:** _____