



APPLICATION FOR WARRANTY EPDM - TPO - PVC - BUR 1

This request for Warranty must be completed and sent to Lexcan two (2) weeks prior to job start
LEXCAN: Fax: 905.792.8801 email: warranty@lexcan.com

"PRINT CLEARLY"

Material purchased from: _____

BUILDING INFORMATION

NAME OF BUILDING: _____
ROOF SECTION: _____ INTENDED STARTING DATE: _____
ADDRESS: _____
OWNER COMPANY NAME: _____
OWNER ADDRESS: _____
CONTACT NAME: _____ TEL # _____

BUILDING DATA

BUILDING USE: _____ JOB SIZE: _____ JOB TYPE: _____
APPROX. AGE: _____ DECK (sq.ft.) _____ NEW CONSTRUCTION
BUILDING HEIGHT: _____ PARAPETS: _____ RE-ROOF WITH TEAR-OFF
PARAPET HEIGHT: _____ TOTAL JOB SIZE: (sq.ft.) _____ RE-ROOF OVER EXISTING
Is this a bonded project: NO YES Bonding Company: _____ WATERPROOFING

NEW ROOF CONSTRUCTION

LEXCAN MEMBRANE
TYPE: EPDM TPO PVC BUR
SUPPORT: UNREINFORCED REINFORCED FLEECE-BACKED
THICKNESS: 1.1mm (45ga) 1.5 mm (60ga) OTHER: _____
NUMBER OF PLIES: _____
FELT: _____ SURFACING: _____

INSULATION OR RECOVERY BOARD: Top: (1st) Layer Type: _____ Thickness: _____
Bottom: (2nd) Layer Type: _____ Thickness: _____
INSULATION SECUREMENT METHOD: Type: _____ Fastener Spacing: _____
VAPOUR RETARDER SYSTEM: Type: _____
SUPPORT PANEL: Type: _____ Thickness: _____ Fastening method: _____
DECK: Type: _____ Thickness: _____ Slope: _____

EXISTING ROOF CONSTRUCTION

Complete this section only if re-roofing over an existing roof

EXISTING MEMBRANE: Type: _____ To be removed ? YES NO
EXISTING INSULATION: Type: _____ To be removed ? YES NO
EXISTING INSULATION SECUREMENT METHOD: _____

LEXCAN DESIGN SYSTEM

DESIGN A : Adhesive Adhered System DESIGN B : Loose Laid and Ballasted DESIGN C : Inverted Assembly
 DESIGN D : Asphalt Adhered System DESIGN E : Mech. Fastened System B.U.R. System
Has the Owner been advised to review whether his building can withstand the load of a ballasted roof as well as other potential loads ? YES NO
TYPE OF BALLAST: _____ LOAD (sq.ft.): _____
PERIMETER SECUREMENT METHOD(S): Flatbond Stripbond Batten Bar

CODE COMPLIANCE REQUIREMENTS

FACTORY MUTUAL: 1-60 1-90 1-120 ULC Other: _____

ROOF PLAN & SPECIAL DETAILS

Attach a Roof Plan showing the location of all membrane protrusions and fabrication details. Submit sketches of any non-standard Lexcan details.

LEXCAN WARRANTIES REQUIRED FOR THIS PROJECT

MEMBRANE MATERIAL ONLY
 5 years 10 years 20 years Other: _____
WATERTIGHT (Membrane and labour)
 10 years 15 years 20 years Other: _____
TOTAL SYSTEM
 10 years 15 years 20 years Other: _____
OTHER:
 C.R.C.A.
 Prov. Assoc.
 Contractor Private

ROOFING CONTRACTOR: _____ Telephone: _____
ADDRESS: _____ Fax: _____
PROJECT CONTACT: _____ Contact email: _____
SIGNATURE: _____ Date: _____

Roofing Contractors Authorized Signature (Print and Sign)



APPLICATION FOR WARRANTY *EPDM - TPO - PVC - BUR* FINAL INSPECTION REQUEST & CONTRACTORS CERTIFICATION

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This request for Warranty must be completed and sent to Lexcan upon Final Completion
LEXCAN: Fax: 905.792.8801 email: warranty@lexcan.com

“PRINT CLEARLY”

BUILDING INFORMATION

NAME OF BUILDING: _____
ADDRESS: _____

DATE OF COMPLETION: _____

NOTE: Please be advised that all requests for warranty must be submitted within 30 - 60 days of the roof completion date, otherwise another inspection will be required at the roofing contractors expense.

ROOF INSPECTION INFORMATION

ROOF AREAS TO BE WARRANTED & INSPECTED: ENTIRE ROOF ROOF AREA(S) AS DESCRIBE BELOW

THIRD PARTY INSPECTOR

NAME: _____ COMPANY: _____

We hereby notify you that the above mentioned project has been completed and that we request a final warranty inspection.

Our preferred inspection date and time is: DATE: _____ TIME: _____

To confirm the inspection time with us (Roofer), please call: _____ at _____
Roofing Contractors Rep Telephone Number

JOBSITE CHANGES

If there were any changes to the design or construction of the project after your submission of your APPLICATION FOR WARRANTY (Part 1), please describe them below (continue on additional pages, if necessary):

WARRANTY REQUEST SUBMISSION CHECKLIST

To speed up the process of your warranty application, please make sure copies of the following documents have been submitted along with the forms to Lexcan:

- Fully and correctly completed and signed Application for Warranty (Part 1 and Part 2) to Lexcan
- Enclose a roof plan showing locations, protrusions and fabrication details
- Drawings of non-standard details used on the project
- All other non-Lexcan warranties provided on this project i.e. Contractor 2yr warranty, CRCA Warranty, etc. (Must have these for Warranty file)
- All Lexcan and Distributor Invoice copies related to this project (All invoices must be paid in full to release the warranty)
- List of Lexcan invoice numbers used on this project: _____

CONTRACTOR'S CERTIFICATION & WARRANTY

We hereby certify that the above mentioned project was roofed/waterproofed using only Lexcan or Fransyl approved membrane and accessory products and was completed in accordance with current Lexcan/Fransyl specifications and details or Lexcan/Fransyl approved alternates.

We further certify that any and all deficiencies found by Lexcan/Fransyl or their appointed inspector agent, during any of their inspections of the project, shall be promptly corrected to Lexcan's/Fransyl's requirements before Lexcan's warranty will be issued.

In consideration of Lexcan/Fransyl providing a warranty on the above mentioned project, the undersigned Lexcan roofing / waterproofing systems applicator agrees for a period of five (5) years from the Lexcan Warranty start date to repair, upon request, of either the project Owner or Lexcan/Fransyl, at the applicator's expense, any leaks or membrane installation deficiencies caused by faulty handling or installation of the Lexcan/Fransyl roofing/waterproofing system or related materials and components.

CONTRACTOR'S COMPANY NAME Authorized Officer's Signature Position Date (M/D/Y)