



FOR OFFICE USE ONLY

Date Received: _____

New Approved Applicator: No _____ Yes _____

Warranty Number: _____

PRE INSTALLATION REPORT

The purpose of this pre installation report is to identify all problem areas of the roof substrate prior to installation of any Everroof product. It will also help Everroof determine whether to award a Limited Labor and Material Warranty. ***Everroof reserves the right to deny any application for warranty at anytime in the warranty process, at its sole discretion.***

Project Site:

Building Name/Number: _____ Building Use: _____

Address: _____ City: _____

State: _____ Zip: _____

Site Manager: _____ Site Manager's Email: _____

Site Phone: _____ Cell: _____ Fax: _____

Roof Substrate Type:

Mod Bit _____ BUR _____ PVC _____ TPO _____ EPDM/Hypalon _____ Metal _____ Concrete _____ SPF _____

Other _____ Recoat _____ (identify coating type on recoat): _____

_____ Approx. Age on Roof Type/Coating: _____ Square Footage: _____

_____ Avg Slope: _____

Roof Conditions: Please answer with a yes, no, good, fair, poor, or n/a

Ponding Water _____ Blistering _____ Seam Separations _____ Cracks _____ Weak Flashings _____

Wet or Damp Insulation _____ Vegetation _____ Mold Growth _____ Leaks _____ Loose Fastener _____

Tobacco-ing or migration of oils of asphaltic type surfaces _____ Tears in Single-Plys _____

Delamination of seams in Single-Plys _____ Rust (metal roofs) _____ Broken or Missing Skylights _____

Drains Plugged _____ Damage Curbs for HAVC _____ Roof Hatch _____ Copings _____

Sleepers or Pitch Pockets _____ Reglets _____ Parapet Wall Conditions _____ Grease/Animal Fats _____

Other _____

Overall Condition of Roof for Restoration? (on a scale of 1 thru 5, 5 being best) 5 4 3 2 1

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Power Wash _____ Broom _____ Vacuumed _____ Etching _____ Other _____

- Provide date when meeting will take place: _____, inform Everroof.

Dip and Rolled _____ Sprayed _____ Both _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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Please complete and e-mail to warranty@EverRoof.com, Attn: Warranty Support. Please allow 5-10 business days for processing the Warranty Request Form.

Date Inspected: _____

Roof Inspected by: _____
(print)

Signature _____

Report Written by: _____
(print)

Signature _____

[illegible]