


**MULE-HIDE  
PRODUCTS**
**EPDM WARRANTY APPLICATION**

Mule-Hide Products Co., Inc. | 800-786-1492 | Fax: 888-218-7838 | mulehidewarranties@mulehide.com

**PROJECT NAME:**

Building Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Architect/Specifier \_\_\_\_\_

Phone \_\_\_\_\_

**CONTRACTOR NAME:**

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mule-Hide Applicator Number \_\_\_\_\_

Person filling out application \_\_\_\_\_

**BUILDING OWNER:**

Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

**DISTRIBUTOR INFORMATION:**

Distributor Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Salesman \_\_\_\_\_

**WARRANTY FEE SELECTION****PRICE/S.F.****SIZE (S.F.)****COST**

Membrane Only - 10 Years	N/A	x	=	\$25.00 flat fee
Membrane Only - 15 Years <sup>4</sup>	\$.01	x	=	(MIN \$100.00)
Membrane Only - 20 Years <sup>4,6</sup>	\$.02	x	=	(MIN \$200.00)
Roof System Limited Warranty (RESIDENTIAL) - 20 Years <sup>3,6</sup>	N/A			\$250.00 flat fee
Roof System Limited Warranty (COMMERCIAL) - 20 Years <sup>3,6</sup>	N/A			\$75.00 flat fee
Standard - 10 Years <sup>3,4</sup>	\$.05	x	=	(MIN \$400.00)
Standard - 10 Years and 15 Membrane Only <sup>3,4,5</sup>	\$.06	x	=	(MIN \$500.00)
Standard - 10 Years and 20 Membrane Only <sup>3,4,5,6</sup>	\$.07	x	=	(MIN \$600.00)
Standard - 15 Years <sup>3,4</sup>	\$.08	x	=	(MIN \$525.00)
Standard - 15 Years and 20 Membrane Only <sup>3,4,5,6</sup>	\$.10	x	=	(MIN \$725.00)
Standard - 20 Years <sup>2,3,4,6</sup>	\$.11	x	=	(MIN \$800.00)
Premium- 10 Years <sup>1,3,4</sup>	\$.04	x	=	(MIN \$350.00)
Premium - 10 Years and 15 Membrane Only <sup>1,3,4,5</sup>	\$.05	x	=	(MIN \$450.00)
Premium - 10 Years and 20 Membrane Only <sup>1,3,4,5,6</sup>	\$.06	x	=	(MIN \$550.00)
Premium - 15 Years <sup>1,3,4</sup>	\$.07	x	=	(MIN \$475.00)
Premium - 15 Years and 20 Membrane Only <sup>1,3,4,5,6</sup>	\$.09	x	=	(MIN \$675.00)
Premium - 20 Years <sup>1,2,3,4,6</sup>	\$.10	x	=	(MIN \$750.00)

**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 Mule-Hide Premium Warranties are offered only on new construction and total tear-off systems, or for recover (retrofit) systems when an independent company has performed a moisture survey. Accepted survey types are nuclear, infrared and conductive. The moisture survey must be submitted with the Warranty application for recover applications. All wet roofing materials found in the survey must be removed. Requires use of Mule-Hide insulation.

2 Refer to 20-Year Design Enhancement Documents

3 These warranties are only available to Mule-Hide Warranty Eligible Applicators

4 Commercial projects only. Standard and Premium System Warranties are not available for residential projects.

5 Upon expiration of the Standard or Premium warranty component the terms and conditions of the membrane only warranty apply.

6 Requires use of .060 EPDM.

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 CONTRACTOR SIGNATURE (MUST BE AN OFFICER OF THE COMPANY)

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



# PRE-JOB SURVEY

Mule-Hide Warranties are only valid when components are installed according to manufacturers' specifications. Always refer to Mule-Hide Application Guidelines for additional information. If specifications were written for this project, please submit one copy with this application

**ROOF MEMBRANE**     BLACK EPDM \_\_\_\_\_>  45     60     90  
 REINFORCED BLACK EPDM-->  45     60  
 WHITE ON BLACK EPDM \_\_\_\_\_>  60  
(Min of 60 mil required for 20-year warranties)

**SYSTEM TYPE**     Fully Adhered                       Ballasted                       Mechanically Attached

**ROOF SYSTEM**     New Roof                       Re-Roof (Tear Off)     Recover (Over Existing)

**BUILDING TYPE**     Commercial     Public/Government     School     Worship     Healthcare  
 Institutional     Industrial     Funeral     Residential (10 year Membrane Only)

**BUILDING HEIGHT:** \_\_\_\_\_ft. **NUMBER OF LEVELS:** \_\_\_\_\_

**PARAPET HEIGHTS:** North \_\_\_\_ft. South \_\_\_\_ft. East \_\_\_\_ft. West \_\_\_\_ft. (show on roof plan)

**PROJECT START DATE:** \_\_\_\_\_ **PROJECTED/ACTUAL COMPLETION DATE:** \_\_\_\_\_



*If you are completing this application for a "MEMBRANE" or a "ROOF SYSTEM LIMITED" warranty, please stop here. For all other types of warranties, please continue.*



**DRAINAGE:** Slope per ft.: \_\_\_\_\_ Positive Drainage?  Yes     No

**EXISTING ROOF:** (Check All Appropriate) Skip if New Construction or Roof Membrane is removed

Roof Type:  Asphalt     Modified     Cold Process     Spray Foam (Must be removed)  
 Coal Tar Pitch    Age of CTP: \_\_\_\_\_ Resaturated within last 10 years?     Y     N  
 TPO             PVC             EPDM             Other \_\_\_\_\_

Surface:     Smooth     Stone     Granules     Gravel     Was the Roof Gravel Broomed?

**EXISTING INSULATION:** Skip if New Construction or Roof Insulation is removed

Was a Moisture Survey Performed?  Yes     No    Type of Survey: \_\_\_\_\_

Core Samples Taken?  Yes     No    ALL WET INSULATION MUST BE REMOVED FOR WARRANTY

**ROOF INSULATION:** Indicate type, thickness, and whether insulation is new or is being re-used.

**Overlayment/Cover Board:** Size:  4' x 4'     4' x 8'

HDFB - Dens Deck - Other: \_\_\_\_\_ Thickness \_\_\_\_\_"    Manufacturer \_\_\_\_\_

**Insulation:**     New     Existing                      Type:     Flat     Tapered                      Size:     4' x 4'     4' x 8'

HDFB - ISO - EPS - Other: \_\_\_\_\_ Thickness: \_\_\_\_\_"    Manufacturer: \_\_\_\_\_

**Insulation:**     New     Existing                      Type:     Flat     Tapered                      Size     4' x 4'     4' x 8'

HDFB - ISO - EPS - Other: \_\_\_\_\_ Thickness: \_\_\_\_\_"    Manufacturer: \_\_\_\_\_

Vapor Barrier Type: \_\_\_\_\_ Thermal Barrier: \_\_\_\_\_

SlipSheet:     HP-Protection Mat                       Other: \_\_\_\_\_

# PRE-JOB SURVEY

ROOF DECK TYPE: (List Thickness or Gauge) Fastener tests are required for all Non-FM deck types

Steel: \_\_\_\_\_ Gauge      Wood Planking: \_\_\_\_\_ "Thick      Concrete: \_\_\_\_\_ "Thick  
Plywood: \_\_\_\_\_ "Thick      Gypsum: \_\_\_\_\_ "Thick      Tectum: \_\_\_\_\_ "Thick  
Insulating Concrete installed over:  Steel \_\_\_\_\_ Gauge     Concrete     Other \_\_\_\_\_  
Oriented Strand Board: \_\_\_\_\_ "Thick      Other: \_\_\_\_\_

INSULATION ATTACHMENT

**Fasteners:** DP-12   HD-14   HD-15    **Brand:** Mule-Hide   Other: \_\_\_\_\_

Fasteners installed per board - Board Size: 4' x 4'   4' x 8'

Field: \_\_\_\_\_    Perimeter: \_\_\_\_\_    Corner: \_\_\_\_\_

**Helix Max Adhesive**

Contractor confirms that the crew using Helix Max on this project is properly trained in handling, storage, and use.

Contractor requires job start-up assistance and training on the proper use of Helix Max before this project starts.

**Bead Pattern**    Field— 12" oc    Perimeter— 6" oc    Corner — 6" oc

Field— 12" oc    Perimeter— 6" oc    Corner — 4" oc

**Other**    Field - \_\_\_\_" oc    Perimeter - \_\_\_\_" oc    Corner - \_\_\_\_" oc

Full Spray

MEMBRANE FASTENERS (MECHANICALLY ATTACHED SYSTEMS ONLY)

**ALL MECHANICALLY ATTACHED SYSTEMS REQUIRE THE USE MULE-HIDE HEAVY DUTY, #14 FASTENERS AS A MINIMUM. HEAVY DUTY, #15 FASTENERS ARE REQUIRED FOR FLORIDA AND FM APPROVALS.**

Fastener Type:    HD-14    HD-15    Fastener Length: \_\_\_\_\_

REINFORCED EPDM Sheet Width: 8'   10'    Half Sheets:  -1    - 2    - \_\_\_\_\_

Spacing of Fasteners in the Seams: 6"   12"

FASTENER / ADHESIVE PULL TESTS

Was a pull out test conducted?    Yes    No    **Submit copy of test to Mule-Hide**

Fastener Tested:   DP-12    HD-14    HD-15    Other \_\_\_\_\_

If yes, number of test pulls: \_\_\_\_\_    High Value: \_\_\_\_\_    Low Value: \_\_\_\_\_

Adhesive Tested:   INSTA STIK    Other \_\_\_\_\_

If yes, number of test pulls: \_\_\_\_\_    High Value: \_\_\_\_\_    Low Value: \_\_\_\_\_

MEMBRANE ADHESIVES (FULLY ADHERED SYSTEMS ONLY)

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

APPROVALS

Does this project require compliance with Factory Mutual (FM)    Yes     No

If "yes", which requirement:  FM 1-90     Other \_\_\_\_\_

Does this project require compliance with Underwriters Laboratory (UL)?    Yes     No

If "yes", please select the appropriate rated needed    Class A     Class B     Class C

Does this project require compliance with Florida NOA?    Yes     No