



Request for Warranty Form Instructions and Requirements



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OMGROOFING.COM

This form is for an OMG adhesive warranty only. Any full system roof cover warranty requests must be handled through the roof cover manufacturer because their requirements may differ from the OMG requirements.

The request for warranty must be on file with OMG prior to the start of the project.

- Fill out all information completely. Any forms with incomplete information will not be accepted until all information is recorded.
- On projects that require an adhesion test (i.e., gypsum, cementitious wood fiber, existing roof systems, and unknown coatings or deck types), the adhesion test must be done before the warranty request will be accepted. Only adhesion tests performed by OMG personnel will be considered.
- A roof plan must be submitted along with the request for warranty as well as the results of any required roof scans. The roof plan must indicate any wet areas as well as an explanation as to how those areas are going to be repaired before applying OlyBond.
- The warranty is limited to 20 years on tear-off applications. The term of the warranty on recover applications will be reviewed on a job-to-job basis. The wind speed limitations of the warranty shall be the lesser of 72 mph (116km/hr) or the limitations of the roof cover warranty.

Re-cover of gravel surfaced roof requirements:

- Moisture scan of existing roof system must be performed and submitted with Request for Warranty form.
- Existing gravel surface to be cleaned by means of the wet vacuum method.
- Cover board shall be min. 1-in. (25mm) polyisocyanurate insulation.
- OlyBond shall be applied in maximum 6-in. (150mm) on center beads at a rate of 1½ gallons (5.68 L [mixed foam]) per square. Perimeter and corner enhancement may be required based on project requirements.

For any questions or assistance, please contact OMG Technical Services at 800-633-3800.



Adhesive Request for Warranty

BUILDING INFORMATION

Name _____

Contact _____ Onsite Phone _____

Address _____

City, State, ZIP _____

Usage _____

Roof Area: Area A _____ Area B _____ Area C _____ Area D _____ Area E _____

Building Height: Area A _____ Area B _____ Area C _____ Area D _____ Area E _____

Parapet Height: Area A _____ Area B _____ Area C _____ Area D _____ Area E _____

EXISTING ROOF INFORMATION

BUR (Asphalt) BUR (Coal Tar) PUF Mod. Bit. Mineral Surface: Smooth _____

Gravel Surface: Gravel Size _____ Mineral Surface: Smooth _____

Single Ply: PVC EPDM TPO Tear Off

Condition of Existing Roof Cover: Splits Blisters Peeling

DECK TYPE INFORMATION

Steel: Gauge _____ Structural Concrete: Poured Precast

Insulating Concrete Gypsum Cementitious Wood Fiber

Wood: Plywood OSB Plank Thickness _____ Other _____

NEW INSULATION INFORMATION (size, type, manufacturer)

Layer 1 _____ Manufacturer _____

Layer 2 _____ Manufacturer _____

Layer 3 _____ Manufacturer _____

NEW ROOF COVER

Manufacturer _____ Type _____

Length of Roof Cover Warranty: 5 Years 10 Years 15 Years 20 Years Wind Speed Limit: _____

JOB INFORMATION

OMG Pre-inspection Completed by _____ Date _____

OMG Requirements _____

Job Start Date _____ Planned Completion Date _____

CONTRACTOR INFORMATION

Applicator Name _____

Address _____

City, State, ZIP _____

Contact _____ Phone _____