



Insulfoam Roof Insulation Warranty Information and Data Form (Request for Warranty) for ROLLED-FOAM™

Type of warranty: Full _____ R-Value _____

Building Name and Address _____

Owner's Name and Address: _____

Membrane Specified (Brand name, type and application) _____

Deck Specified _____

Square Footage _____

Circle one: New Roof _____ Re-roof _____ Tare off _____ Overlay _____

Intended use of building _____

Building Height _____

Tape at Joints _____ Width _____ Brand _____

Membrane _____

Fasteners per Board _____

Type of Fasteners _____

Other _____

Application reviewed by: _____

Starting Date _____

Completion date _____

Rofer Name _____

Address _____

Phone _____

Contact Name _____

Required job site inspection Yes NO

Warranty in years: Circle one: 5 10 15 20

EPS Specifications

Application R-Value design required by Engineer _____

R-Tech Type I _____

Thickness _____ Single layer _____ Multi-Layer _____

Underlayment Type and Thickness _____

Overlayment Type and Thickness _____

Vapor Barrier Brand Name _____

Location of Vapor Barrier _____

Fastening Method for:

Underlayment _____

EPS: _____

EPS to EPS: _____

Overlayment _____

Application Submitted to Insulfoam Plant:

Location: _____

Sales Person: _____

Telephone _____

Date: _____

For Insulfoam office use only

Insulfoam
1019 Pacific Ave
Tacoma, WA. 98402

Name: _____

Title: _____

Telephone: _____

Date: _____

Warranty Number _____

Each application using ROLLED-FOAM™, R-Tech® Type I must be designed and rated by an Architectural Insulation Engineer to have a warranty backing. Note: for roof, tapered, wall, below grade projects a shop drawing must accompany this application.