

## Metal Edge Warranty Request Form

Use this form to request inclusion of field-fabricated metal edging in a Versico Roofing Systems Total System Warranty. Completion and submission of this form is required prior to submission of Job Completion Date (Copy-B) on the Versico Roofing Systems warranted project. **Please submit a detailed drawing of the metal edge system along with this form.** Inclusion in the warranty is subject to approval by Versico Project Review

Please complete the following and fax to 717-245-7269 with a detailed drawing

### Project Information

|                            |                              |                                   |                                  |
|----------------------------|------------------------------|-----------------------------------|----------------------------------|
| Contractor Name _____      |                              |                                   |                                  |
| Contractor Address _____   |                              |                                   |                                  |
| Project Name _____         |                              |                                   |                                  |
| Project Address _____      |                              |                                   |                                  |
| Project Size _____ Sq. Ft. | Roof Height _____ Ft.        | Roof Slope _____ in 12            |                                  |
| Construction Type          | <input type="checkbox"/> New | <input type="checkbox"/> Tear-Off | <input type="checkbox"/> Recover |

### Warranty Information

|   |  |
|---|--|
| Building Owner Name _____   |  |
| Building Address _____  |  |
| Versico Job Approval Request (Copy-A) Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

### Metal Edging Information

|                    |   |  |
|--------------------|---|--|
| <b>Roof Edge 1</b> |   | Total Linear Feet _____  |
| Edge Type _____    |   |  |
|                    | <b>Coping</b>                           | <b>Fascia/Drip Edge/Gravel Stop</b>  |
| Cleat              | Stretch out _____                       | Stretch out _____  |
|                    | Length _____                            | Length _____   |
|                    | Material _____                          | Material _____   |
| Cover              | Stretch Out _____                       | Stretch Out _____  |
|                    | Length _____                            | Length _____   |
|                    | Material:                               |  |
|                    | <input type="checkbox"/> Kynar / Steel: | <input type="checkbox"/> 22 Ga. <input type="checkbox"/> 24 Ga. <input type="checkbox"/> 26 Ga. <input type="checkbox"/> Other _____ |
|                    | <input type="checkbox"/> Aluminum:      | <input type="checkbox"/> .032 <input type="checkbox"/> .040 <input type="checkbox"/> Other _____                                     |
|                    | <input type="checkbox"/> Copper:        | <input type="checkbox"/> 16 Oz. <input type="checkbox"/> 20 Oz.  |
|                    | <input type="checkbox"/> Other: _____   |  |
| Fastening:         | Fastener Size _____                     |  |
|                    | Length _____                            |  |
|                    | Fastener Rate _____                     | O.C.   |

|                    |   |  |
|--------------------|---|--|
| <b>Roof Edge 2</b> |   | Total Linear Feet _____  |
| Edge Type _____    |   |  |
|                    | <b>Coping</b>                           | <b>Fascia/Drip Edge/Gravel Stop</b>  |
| Cleat              | Stretch out _____                       | Stretch out _____  |
|                    | Length _____                            | Length _____   |
|                    | Material _____                          | Material _____   |
| Cover              | Stretch Out _____                       | Stretch Out _____  |
|                    | Length _____                            | Length _____   |
|                    | Material:                               |  |
|                    | <input type="checkbox"/> Kynar / Steel: | <input type="checkbox"/> 22 Ga. <input type="checkbox"/> 24 Ga. <input type="checkbox"/> 26 Ga. <input type="checkbox"/> Other _____ |
|                    | <input type="checkbox"/> Aluminum:      | <input type="checkbox"/> .032 <input type="checkbox"/> .040 <input type="checkbox"/> Other _____                                     |
|                    | <input type="checkbox"/> Copper:        | <input type="checkbox"/> 16 Oz. <input type="checkbox"/> 20 Oz.  |
|                    | <input type="checkbox"/> Other: _____   |  |
| Fastening:         | Fastener Size _____                     |  |
|                    | Length _____                            |  |
|                    | Fastener Rate _____                     | O.C.   |

♦A new Metal Edge Warranty Request form is required for each Versico Total System Warranty.