

**THIS IS YOUR APPLICATION  
FOR  
WEATHERTIGHTNESS WARRANTY**

**FILL OUT:  
BELOW CONSTRUCTION APPLICATION INFORMATION  
THE REQUEST FORM FOR  
ISSUANCE OF LIMITED WARRANTY WILL BE ATTACHED ONCE THE  
PROJECT IS FINISHED**

WARRANTY # IG-O \_\_\_ - \_\_\_ - \_\_\_ Project Number: \_\_\_\_\_  
Warranty Fee: \_\_\_\_\_ Warranty Application Date: \_\_\_\_\_  
(Attached)  
Warrant Serial No. \_\_\_\_\_ Date Issued: \_\_\_\_\_

AMB Warranty, Inc. of ALPHARETTA GA. (herein known as AMB) and \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_ (herein known as  
Constructor) hereby agree to provide to the owner named below a limited warranty subject to the terms and  
conditions herein contained for the metal roof and metal flashing system on the building hereinafter  
described (the "Roof") and THE OWNER ACCEPTS SUCH LIMITED WARRANTY AND AGREES TO  
BE BOUND BY THE TERMS AND CONDITIONS HEREIN CONTAINED ATTACHED WITH THE  
ENTIRE AMB SIGNATURE WARRANTY PROGRAM BINDER DOCUMENTS.

Owner \_\_\_\_\_ ("Owner")  
Owner Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
AMB Address 12460 CRABAPPLE RD, SUITE 202-374  
City ALPHARETTA State Georgia Zip 30004

Signature Constructor \_\_\_\_\_  
Constructor's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The List of all Constructors previous warranted projects with address (es) and phone number(s)  
{Attachment of Projects as Required}: \_\_\_\_\_

**CHECK THE # OF YEARS REQUESTING THE WARRANTY FOR:** 2 5 10 15 20 / 25 / 30

**CHECK TYPE OF WRTY. REQUESTED:** SLS -- LSV -- LDV -- LICV -- NDL

Building Name \_\_\_\_\_  
Building Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Building Use \_\_\_\_\_ (Paint Factory, School, Warehouse, etc.)

Date Roof Completed \_\_\_\_\_

Date Certificate of Quality Compliance (CQC) is issued by the AMB national independent inspection co.  
(handled by AMB)  
(NIIP CO.) Completed \_\_\_\_\_

Use this form as Initial (New or Retrofit) Application for consideration of project

**APPLICATION CONSTRUCTION DATA**

Signature Constructor System Designation Number \_\_\_\_\_

SF (total roof panel and flashing surface) subject to this Limited Warranty \_\_\_\_\_

SF of New Construction \_\_\_\_\_ SF Retrofit \_\_\_\_\_

Panel Steel Gauge \_\_\_\_\_ UL Listing \_\_\_\_\_ Slope \_\_\_\_\_

Maximum Center to Center Structural Support Spacing(s) \_\_\_\_\_ Design Load \_\_\_\_\_

Diaphragm Attachment Pattern/Load \_\_\_\_\_

\_\_\_\_\_  
Constructor Screw Pattern Designation and Type \_\_\_\_\_

\_\_\_\_\_  
Metals (Supplier) and System Number \_\_\_\_\_

\_\_\_\_\_  
Metals (Supplier) and Base Flashing System Number \_\_\_\_\_

\_\_\_\_\_  
Coil Base Metal Manufacturer and Address, Product Number \_\_\_\_\_

\_\_\_\_\_  
Length of Material Finish Warranty and Warranty Number \_\_\_\_\_  
Passes to the AMB WARRANTY INC. (Minimum 20 year Finish Warranty)

\_\_\_\_\_  
Manufacturer, type, and thickness of roof insulation below the Constructor's Roof \_\_\_\_\_

\_\_\_\_\_  
Manufacturer, type, and seam seal type of vapor retarder (if used) \_\_\_\_\_

**TELL US IF YOU WANT A BUILDING OR ROOF WARRANTY OR BOTH?**

**SEND APPLICATION BY PDF TO: [cwb@ambwarranty](mailto:cwb@ambwarranty) or [cwbennettjr@ambwarranty.com](mailto:cwbennettjr@ambwarranty.com)**

**OR YOU MAY FAX TO 770-664-9607 / PDF IS PREFERRED**

Weathertightness Warranty  
**APPLICATION PROVISIONS**

1. Description – This AMB Warranty, Inc. Limited Warranty (the “Limited Warranty”) describes and limits the obligations of AMB and Constructor to make roof leak repairs to the roof and provides the exclusive means by which Owner may obtain corrective actions from AMB and/or Constructor.
2. Coverage – AMB and Constructor make the following representations and warranties subject to the remaining provisions hereof:
  - A. Reference the attached Signature Warranty Terms and Conditions.
  - B. Reference the AMB Limited Warranty Specimen.
  - C. The AMB Warranty Fee is paid with this application.

IN WITNESS THEREOF, the parties hereto have caused this Limited Warranty application to be executed by their duly authorized representatives effective this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**AMB WARRANTY, INC.:**

\_\_\_\_\_  
By: \_\_\_\_\_  
                  **(Authorized Representative)**  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**CONSTRUCTOR:**

\_\_\_\_\_  
By: \_\_\_\_\_  
                  **(Authorized Representative)**  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**“OPTIONAL”  
OWNER AUTHORIZED REPRESENTATIVE:**

\_\_\_\_\_  
By: \_\_\_\_\_  
                  **(Authorized Representative)**  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_