

**ARCA WARRANTY LTD.
LOW-SLOPE PROJECT INFORMATION FORM**

DATE: _____ CONTRACTOR FILE # _____

1. ROOFING CONTRACTOR: _____
2. PROJECT: _____
ADDRESS: _____
3. OWNER: _____
ADDRESS: _____
4. SPECIFIER: _____
5. GENERAL CONTRACTOR: _____
6. WARRANTY SPECIFIED: **RESIDENTIAL** WC R5 YR.
COMMERCIAL WC 5 YR WC 10 YR WC 15 YR
CRCA MAINTENANCE BOND INNOVATIVE 5 YR WC
7. INSPECTION FIRM: _____
8. APPLICATION: New Construction Membrane Replacement System Replacement
9. DESIGN TYPE: Conventional Protected Membrane
10. BID DATE: _____ 11. APPROX. START DATE: _____

11a FOR RESIDENTIAL LOW-SLOPE FILL IN COMPLETION DATE ABOVE

12. GENERAL PROJECT SPECIFICATION:
AREA: _____ SQS.
DECK: Steel Concrete Wood Other Specify _____
SLOPE: None 1:50 1:100 Other Specify _____
NAILER SPACING: _____
LEVELLING SURFACE: Gypsum Board Fiberboard Plywood Other Specify _____
Attachment: Adhesive Type: _____
Mechanical Fast. Type: _____
PARAPET HEIGHT: _____
PRIMARY MEMBRANE TYPE: BUR Organic Felt (4 Ply) Organic Felt (2+3) Fibreglas Felt (4 Ply)
Two Ply Modified Bit. EPDM PVC TPO
MANUFACTURER: _____ Application Method: _____
PRODUCT NAMES: _____
ASPHALT TYPE (if applicable) Type 1: Type 2: Type 3:
MEMBRANE FLASHING: (Product Names) _____
METAL FLASHING: 26 Ga. Other Specify _____ / Galv. Prefinished
DRAINAGE: Type: Scuppers: Internal Drains:
Scupper Type: Open Thru Wall: Emergency
Drain Type: Flow Control Free Flow
Lead Flashing: Yes No

13. CONVENTIONAL DESIGN **INSULATED** **UNINSULATED**
VAPOUR RETARDANT: Type: _____
Attachment: _____
PRIMARY INSULATION: Type & Manufacturer: _____ Flat Tapered
Thickness: _____ / Min: _____ Max: _____
Layers: One Two Other Specify _____
Attachment: _____
SECONDARY INSULATION: Fiberboard Other Specify _____
Thickness: 13mm 25 mm Other Specify _____
Attachment: _____
MEMBRANE PROTECTION: Application: BUR Single Pour: BUR Double Pour: BUR Other:
Single Ply Ballast: _____ (wt/sq) SP. Pavers
Mod. Bit. Granules:

14. PROTECTED MEMBRANE SYSTEM
SEPARATOR SHEET: Yes No Type: _____
PRIMARY INSULATION: Type & Manufacturer: _____
Layers: One Two Thickness: _____ Other Specify _____
FILTER FABRIC: Type: _____ Manufacturer: _____
BALLAST: Gravel Pavers Dow CT
Weight Per Square _____

15. SUBMITTED BY: _____