



Extended Waterproofing Warranty Application

Warranty Term: _____

Consultant or KOSTER Approved Applicator:

Address Street: _____
Address City: _____ State: _____ Zip: _____
Contact: _____ Phone: _____
Fax: _____ Email: _____

Project Name: _____

Project Address Street: _____
Project Address City: _____ State: _____ Zip: _____

REQUIRED
Job Conditions: Any documents, drawings, site map: _____
(Attach Item/s) e.g. Floor Plans, Pictures, History, Project Reports, etc.

General Contractor: _____ Phone: _____
Fax: _____ Email: _____
Project Manager: _____ Phone: _____
Fax: _____ Email: _____

Product Information:
Estimated Project Size: _____ sq ft
Building History _____
New Construction _____ Number of Stories _____ Age of Construction _____ Above Grade _____ Below _____
Parking Garage _____ Number of floors below ground _____ Total floor decks above ground _____
What is the water table _____ Is the structure near river _____ pond _____ ocean _____
Is the structure in a known flood zone _____ Is the structure concrete _____ masonry _____
Precast _____ Prestressed _____

General Condition of Concrete: Good _____ Poor _____ Describe _____
Existing cracks or damage to foundation/walls: Yes _____ No _____
Is there existing waterproofing _____ If so, what type _____
Describe the leak _____
Surface Contaminants Visible: Yes _____ No _____
If yes, attach description/pictures _____
Existing cracks: Yes _____ No _____ WaterTanks _____ Manholes Sewage Areas _____ Reservoir _____



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Proposed KOSTER Product Installation:

KOSTER Polysil TG 500 ____ KOSTER KB Liquid Film ____ KOSTER KD 1 Base ____

KOSTER KD System ____ KOSTER NB 1 ____ KOSTER NB 4000 ____ KOSTER NB Elastic ____

KOSTER KD 2 Blitz ____ KOSTER Waterstop ____ KOSTER SB Bonding Emulsion ____ Polysil TG 500 ____

KOSTER 2 IN 1 ____ KOSTER IN 2 ____ KOSTER IN 5 ____ KOSTER IN 8 ____

KOSTER IN 8 Accelerator ____ KOSTER Injection Gel G4 ____ KOSTER Injection Gel S4/B+ ____

KOSTER KB-Pox IN ____ KOSTER Micro Grout 1C ____ KOSTER Crisin 76 ____

Approved Applicator Signature:

All information provided above is accurate and true to the best of the signer's knowledge. Any supplemental information needed to disclose existing conditions accurately and fully must be listed on a separate sheet and accompany this document. Any information that has been found to be erroneous or incomplete at any time will result in the cancellation of any warranty provided or promised for this project or voiding of any warranties to be supplied by KOSTER American Corp for any of its products involved in this project. No other warranties express or implied shall apply including any warranty of merchantability or fitness for a particular purpose. KOSTER shall not be liable under any legal theory for special or consequential damages. KOSTER shall not be responsible for the use of this product in a manner to infringe on any patent or any other intellectual property rights held by others.

I acknowledge that the provided information is accurate and true to the best of my knowledge:

Signature of KOSTER Approved Applicator or Consultant

Date: _____

Printed Name and Title: _____

The Warranty Application was received by KOSTER:

Signature of KOSTER tech staff

Date: _____

Printed Name and Title: _____

Confirmation of the receipt of this checklist by KOSTER does not mean that KOSTER approves the substrate to be suitable for application of the product by the applicator.