



For a Weathertight Warranty (WTW) quote for a project that will be installed with products from Metal Alliance Supply, complete and submit the information below with all required documentation. **All fields are required; incomplete applications will not be processed.**

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|-------------------------------|--|------------------------------------|--|------|
| Date: | | Project Name: | | |
| Project Address: | | City: | State: | Zip: |
| Building Type/Use: | | | Select One: <input type="radio"/> New Roof <input type="radio"/> Re-Roof | |
| Estimated Project Start Date: | | Estimated Project Completion Date: | | |

| | | | | |
|---|--------|------|--|--|
| Installer Name: | | | Contact Person: | |
| Installer Address: | | | Email: | |
| City: | State: | Zip: | Phone: | |
| Is Installer Listed Above Already a Metal Alliance Certified 5-Star Partner?: | | | Select One: <input type="radio"/> Yes <input type="radio"/> No | |

| | | | | |
|-----------------------------------|--------|------|-----------------|--|
| Metal Panel Manufacturer: | | | Contact Person: | |
| Metal Panel Manufacturer Address: | | | E-mail: | |
| City: | State: | Zip: | Phone: | |

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|------------------------|--------|------|-----------------|--|
| Building Owner: | | | Contact Person: | |
| Owner Mailing Address: | | | Email: | |
| City: | State: | Zip: | Phone: | |

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|---|--|-----------------|------------|--------------|
| Metal Panel System to be Installed: | | Metal: | Gauge: | Panel Width: |
| Underlayment: | | Roof Deck: | | |
| Roof Elevation from Ground: | | Total Sq. Feet: | Slope: :12 | |
| Special Installation Features (if any): | | | | |
| Product Approval #(s) for Installation: | | | | |

| | |
|---|--|
| WTW Type: <input type="radio"/> No Dollar Limit <input type="radio"/> Limited Dollar Value <input type="radio"/> Limited to Installed Contract Value | WTW Term: <input type="radio"/> 5 Yrs <input type="radio"/> 10 Yrs <input type="radio"/> 15 Yrs <input type="radio"/> 20 Yrs <input type="radio"/> 25 Yrs |
|---|--|

By signing below the undersigned A) submits for approval the attached documentation on the project listed above for a Weathertight Warranty (WTW), B) acknowledges and accepts that all WTWs are issued and administered by Roofing Warranty, LLC, C) acknowledges and accepts that in addition to standard WTW fees, all accepted WTW projects will require a minimum of 2 - 3 inspections dependent on project scope, with a minimum charge of \$1,900 per inspection dependent on travel costs, and D) understands and agrees to the i) minimum eligibility requirements, and ii) minimum WTW fee for the selected WTW type and term regardless of actual project square footage.

Installer (Company Name): _____ Name (Printed): _____

Date: _____ By (Authorized Signature): _____

Submit this completed Quote Request form and all the required documentation listed below to: support@roofingwarrantyllc.com. **Incomplete requests will not be processed.**

Required: Copy of project shop drawings or install details Copy of architectural plans including elevations, roof termination conditions, penetrations & slopes

All weathertight warranties are underwritten, issued and administered by Roofing Warranty, LLC. Roofing Warranty, LLC offers weathertight warranties solely to the original building owner purchasing products sold by Metal Alliance Supply, LLC and manufactured and installed by third party contractors that are part of the Metal Alliance Certified Manufacturer and Installer networks. Metal Alliance Supply, LLC does not offer, sell, underwrite or participate in any weathertight warranties sold by Roofing Warranty, LLC. For full warranty details, including eligibility and exclusions, contact Roofing Warranty, LLC, or Metal Alliance. Warranty availability is subject to change without notice at any time.

THIS SECTION TO BE COMPLETED BY ROOFING WARRANTY, LLC

Date Received: _____ Reviewed By: _____ Date Submitted to Underwriting: _____