

QUALIFICATION & FINAL ACCEPTANCE REPORT

KOOL COATS ASSURANCE WARRANTY



Project Name:	_____	Existing Roof Substrate:	_____
Building Owner:	_____	Total Roof Area (Sq. Ft.):	_____
Building Address:	_____ _____ _____	Approved Warrantable Specification:	_____
Install Completion Date:	_____	Warranty Term:	☐ 10 YEAR ☐ 15 YEAR ☐ 20 YEAR <i>Choose one option</i>
Installing Contractor:	_____	Proposed Installation Date:	_____
Contractor License #:	_____		

This report documents the qualification, installation review, final inspection, corrective-action status, and final warranty disposition for the project identified below.

Completion of this report does not itself constitute issuance of a Kool Coats Assurance Warranty. Warranty coverage becomes effective only upon satisfaction of all applicable requirements and execution of the applicable Kool Coats Assurance Warranty Certificate.

1. PRE-INSTALL WARRANTY QUALIFICATION

The Warranty Qualification Evaluation may include roof-condition review, substrate assessment, moisture scanning, core sampling where appropriate, and other evaluations required to determine warranty eligibility and establish a warrantable restoration specification.

Warranty Qualification Evaluation Date: _____

Performed by: _____

Evaluation Activities:

- ☐ Roof condition evaluation completed?
- ☐ Substrate condition evaluated?
- ☐ Existing roof assembly reviewed?
- ☐ Moisture scan completed?
- ☐ Core sample(s) completed?
- ☐ Existing repairs / deficiencies documented?

- ☐ Drainage / ponding conditions reviewed?
- ☐ Penetrations / flashings reviewed?
- ☐ Previous coatings reviewed?
- ☐ Adhesion testing completed? *IF REQUIRED*
- ☐ Photographic documentation completed?

Other: _____

Existing Roof Condition Summary:

Moisture Core Findings (if any):

Conditions Requiring Correction:

Prior to installation

QUALIFICATION & FINAL ACCEPTANCE REPORT

KOOL COATS ASSURANCE WARRANTY



Initial Warranty Eligibility Determination:

- ☐ Approved as proposed
- ☐ Approved subject to required repairs / preparation
- ☐ Approved subject to revised restoration specification
- ☐ Additional evaluation required
- ☐ Not eligible for Assurance Warranty

Comments & Conditions:

2. WARRANTABLE SYSTEM SPECIFICATION

Based on the qualification evaluation, the following Kool Coats restoration system was established as the approved warrantable specification for this project.

Systems / Products:

Required Application Thickness: _____ gal/100 sq. ft.

Required Wet Film Thickness: _____ mils

Required Dry Film Thickness: _____ mils

Primer / Surface Prep Requirements:

Additional Reinforcement / Detailing Required:

Seam / Flashing / Detail Requirements:

Special Project Conditions:

Field Coating Requirements:

Specification Approved by: _____

Date: _____

3. INSTALLATION DOCUMENTATION REVIEW

The installing contractor is responsible for installing the approved Kool Coats restoration system in accordance with the warrantable specification and applicable project requirements.

- ☐ Project photographs received
- ☐ Surface preparation documented
- ☐ Repair work documented
- ☐ Primer application documented, if applicable
- ☐ Seam / penetration detailing documented
- ☐ Field coating application documented
- ☐ Wet film / application-rate verification received
- ☐ Product quantities reviewed
- ☐ Required corrective work documented
- ☐ Contractor completion confirmation received

Installation Review Comments:

QUALIFICATION & FINAL ACCEPTANCE REPORT

KOOL COATS ASSURANCE WARRANTY



4. FINAL MANUFACTURER INSPECTION

Final Inspection Date: _____

Roof and Weather Conditions at Inspection: _____

Inspector: _____

Inspector Company: _____

General Roof Surface:

- ☐ Acceptable
☐ Corrective Action Required

Penetrations / Flashings:

- ☐ Acceptable
☐ Corrective Action Required

Repairs Previously Identified Conditions:

- ☐ Acceptable
☐ Corrective Action Required

Coating Coverage / Uniformity:

- ☐ Acceptable
☐ Corrective Action Required

Drains / Scuppers / Waterways:

- ☐ Acceptable
☐ Corrective Action Required

Application Thickness / Coverage Verification:

- ☐ Acceptable
☐ Corrective Action Required

Seams / Laps:

- ☐ Acceptable
☐ Corrective Action Required

Perimeter/Edge Conditions:

- ☐ Acceptable
☐ Corrective Action Required

Photographic Documentation:

- ☐ Complete
☐ Additional Documentation Required

Final Inspection Findings:

5. CORRECTIVE ACTION / PUNCH LIST

Item:	Required Action:	Responsible Party:	Completion Date:	Accepted:
_____	_____	_____	_____	☐ Yes ☐ No
Item:	Required Action:	Responsible Party:	Completion Date:	Accepted:
_____	_____	_____	_____	☐ Yes ☐ No
Item:	Required Action:	Responsible Party:	Completion Date:	Accepted:
_____	_____	_____	_____	☐ Yes ☐ No
Item:	Required Action:	Responsible Party:	Completion Date:	Accepted:
_____	_____	_____	_____	☐ Yes ☐ No

Verified by:

QUALIFICATION & FINAL ACCEPTANCE REPORT

KOOL COATS ASSURANCE WARRANTY



6. FINAL WARRANTY DISPOSITION

Based on the Warranty Qualification Evaluation, approved warrantable specification, installation documentation, final inspection, and completion status of required corrective work, the project is:

☐ Approved for Assurance Warranty Certificate issuance

☐ Conditionally Approved

ITEMS BELOW MUST BE COMPLETED PRIOR TO ISSUANCE

☐ Not approved for Assurance Warranty

Comments & Conditions:

Recommended Warranty Term:

☐ 10 YEAR ☐ 15 YEAR ☐ 20 YEAR

Approved Warranted Roof Area:

_____ sq. ft.

Approved Warranted Restoration System:

7. KOOL COATS FINAL ACCEPTANCE

Kool Coats acknowledges that the above project has completed the applicable warranty qualification and final inspection process to the extent documented in this report.

Approval of this report confirms only that the project is eligible to proceed to Warranty Certificate issuance, subject to satisfaction of all remaining requirements contained in the applicable Kool Coats Assurance Warranty Agreement.

This report does not constitute an engineering certification, structural evaluation, roof design approval, or independent guarantee of conditions outside the approved Kool Coats restoration system.

Kool Coats

Authorized Reviewer: _____

Title: _____ Date: _____

Signature: _____

8. INSPECTOR CERTIFICATION

I certify that the inspection information contained in this report accurately reflects the conditions observed during the inspection to the best of my knowledge.

Inspector Name: _____

Company: _____ Date: _____

Signature: _____

8. DOCUMENT CONTROL

Warranty Qualification Report Date: _____

Final Inspection Report Date: _____

Applicable Assurance Warranty Agreement Revision: _____

Warranty Certificate Issued:

☐ Yes ☐ No

Warranty Certificate Number: _____

Warranty Certificate Issue Date: _____