GOLIATH™ ROOFING SYSTEMS by CGT

Effective April 2026

HEAT WELD WARRANTY APPLICATION

Canadian General Tower Limited. | 519-623-1633 | warranty@cgtower.com | 52 Middleton Street, Cambridge, ON, Canada N1R 5T6

PROJECT NAME:

Building Name_____

Street_____

City_____ Province_____ Zip_____

County_____

Architect/Specifier_____

Phone_____

CONTRACTOR NAME:

Name_____

Street_____

City_____ Province_____ Zip_____

Phone_____ Fax_____

Goliath Applicator Number_____

Person filling out application_____

BUILDING OWNER:

Name_____

Contact Name_____

Phone_____

DISTRIBUTOR INFORMATION:

Distributor Name_____

City_____Province_____

Salesperson_____

GOLIATH WARRANTY FEE SELECTION	PRICE/S.F.		SIZE (S.F.)		COST
15 Year Limited Membrane Only Warranty	N/A	X		=	$25.00 flat fee
20 Year Limited Membrane Only Warranty	$0.02	X		=	(MIN $200.00)
10 Year Limited Material & Labour Warranty	$0.02	X		=	(MIN $300.00)
15 Year Limited Material & Labour Warranty	$0.04	X		=	(MIN $400.00)
20 Year Limited Material & Labour Warranty	$0.06	X		=	(MIN $500.00)
10 Year Total Roofing System Warranty (OCI)	$0.05	X		=	(MIN $350.00)
15 Year Total Roofing System Warranty (OCI)	$0.08	X		=	(MIN $525.00)
20 Year Total Roofing System Warranty (OCI)	$0.10	X		=	(MIN $750.00)
25 Year Total Roofing System Warranty (OCI)	$0.14	X		=	(MIN $800.00)
30 Year Total Roofing System Warranty (OCI)	$0.17	X		=	(MIN $900.00)
10 Year Total Roofing System NDL Warranty	$0.08	X		=	(MIN $600.00)
15 Year Total Roofing System NDL Warranty	$0.10	X		=	(MIN $800.00)
20 Year Total Roofing System NDL Warranty	$0.14	X		=	(MIN $1000.00)
25 Year Total Roofing System NDL Warranty	$0.17	X		=	(MIN $1200.00)
30 Year Total Roofing System NDL Warranty	$0.20	X		=	(MIN $1400.00)

Important Warranty Notes:

Current Warranty fee schedules are as listed. Please contact Goliath for pre-approval when applying for any non-published Warranty timeframes or any other non-standard considerations.

1. Goliath Warranties are available for new construction and total tear-off applications. For recover (retrofit) systems, an independent moisture survey must be completed prior to application. Accepted survey methods include nuclear, infrared, and conductive testing. Survey results must be submitted alongside the Warranty Application. Any wet or saturated roofing materials identified in the survey must be removed before installation proceeds. An approved insulation product is required for all warranted assemblies.

2. Refer to the 20-Year Design Enhancement Documents for applicable requirements.

3. Goliath Warranties are available exclusively to Goliath Warranty Eligible Applicators.

4. These warranties apply to commercial projects only. Material & Labour, Limited Full System and NDL Warranties are not available for residential applications.

5. Upon expiration of the Material & Labour or Limited Full System Warranty term, coverage reverts to the terms and conditions of the Limited Membrane Warranty.

6. A minimum 60 mil (1.5 mm) Reinforced PVC membrane is required for this warranty tier.

Warranty applications and pre-job survey forms must be submitted and approved prior to the start of any project. Final inspection requests must be received within 30 days of roof completion, and all warranties must be executed within 90 days of roof completion. Any warranty issued by Canadian General Tower Ltd. is contingent upon the accuracy and completeness of the information provided in the warranty application, roof drawing, and pre-job survey.

ELIGIBLE CONTRACTOR SIGNATURE (MUST BE AN OFFICER OF THE COMPANY)

BY_____Title_____Date_____

PRE-JOB SURVEY

Goliath Limited Membrane and NDL System Warranties are only valid when components are installed according to manufacturers' specifications. Always refer to Goliath Application Guidelines for additional information. If specifications were written for this project, please submit one copy with this application

ROOF MEMBRANE: ☐ PVC ☐ 50 ☐ 60 ☐ 80 Minimum of 60-mil membrane is required for 20-year warranties

SYSTEM TYPE ☐ Fully Adhered ☐ Ballasted ☐ Mechanically Attached ☐ Induction Welded

ROOF SYSTEM ☐ New Roof ☐ Re-Roof (Tear Off) ☐ Recover (Over Existing)

BUILDING TYPE ☐ Commercial ☐ Public/Government ☐ School ☐ Worship ☐ Healthcare ☐ Institutional ☐ Industrial ☐ Funeral ☐ Residential(10 year Membrane Only Warranty ONLY)

BUILDING HEIGHT: _____ft. **NUMBER OF LEVELS:**_____

PARAPET HEIGHTS: North_____ft. South_____ ft. East_____ft. West_____ft. (show on roof plan)

ACCESS TO ROOF: ☐ Roof Hatch ☐ Staircase/door ☐ Ladder needed ☐ Ladder on site ☐ Lift required

☐ Arrangements must be made with building owner to provide access.

Does this roof have multiple deck types? ☐ Yes ☐ No

PROJECT START DATE:_____**PROJECTED/ACTUAL COMPLETION DATE:**_____

If you are completing this application for a "Limited membrane Only" warranty, please stop here. For all other types of warranties, please continue.

DRAINAGE: Slope per ft._____ Positive Drainage? ☐ Yes ☐ No

EXISTING ROOF: (Check All Appropriate) Skip if New Construction or Roof Membrane is removed

Roof Type ☐ Asphalt ☐ Modified ☐ Cold Process ☐ Spray Foam (Must be removed)

☐ Coal Tar Pitch Age of CTP:_____ Resaturated within last 10 years? ☐ Yes ☐ No

☐ TPO ☐ PVC ☐ EPDM ☐ Other_____

Surface: ☐ Smooth ☐ Stone ☐ Granules ☐ Gravel ☐ Was the Roof Gravel Broomed?

EXISTING INSULATION: Skip if New Construction or Roof Insulation is removed

Was a Moisture Survey Performed ☐ Yes ☐ No Type of Survey: _____

Core Samples Taken? ☐ Yes ☐ No **ALL WET INSULATION MUST BE REMOVED FOR WARRANTY**

ROOF INSULATION: Indicate type, thickness, and whether insulation is new or is being re-used.

Overlayment/Cover Board: Size: ☐ 4' x 4' ☐ 4' x 8'

HDISO - Dens Deck - Other:_____ Thickness_____" Manufacturer:_____

Insulation: ☐ New ☐ Existing Type: ☐ Flat ☐ Tapered Size: ☐ 4' x 4' ☐ 4' x 8'

HDISO - ISO - ISO - Other: _____ Thickness:_____" Manufacturer: _____

Insulation: ☐ New ☐ Existing Type: ☐ ☐ Tapered Size: ☐ 4' x 4' ☐ 4' x 8'

HDISO - ISO - EPS - Other: _____ Thickness:_____" Manufacturer: _____

Vapor Barrier Type:_____ Thermal Barrier: _____

SlipSheet: ☐ Separation Sheet ☐ Other: _____

PRE-JOB SURVEY

ROOF DECK TYPE: (List Thickness or Gauge) Fastener tests are required for all Non-FM deck types

Steel:_____Guage Wood Planking: _____" Thick Concrete: _____" Thick

Plywood: _____" Thick Gypsum: _____" Thick Tectum: _____" Thick

Insulating Concrete installed over: ☐ Steel:_____Guage ☐ Concrete ☐ Other: _____

Oriented Strand Board: _____" Thick Other: _____

INSULATION ATTACHMENT

Fasteners: ☐ DP-12 ☐ HD-14 ☐ HD-15 Brand: ☐ SFS ☐ Other: _____

Fasteners installed per board - Board Size: ☐ 4' x 4' ☐ 4' x 8'

Field:_____ Perimeter:_____ Corner:_____

H.B. Fuller Construction Adhesive

☐ Contractor confirms that the crew using H.B. Fuller Millennium set on this project is properly trained in handling, storage, and use. H.B. Fuller Applicator # _____

☐ Contractor requires job start-up assistance and training on the proper use of H.B. Fuller Millennium set before this project starts.

☐ Project or roof has been damaged by high winds - Attach explaination

Project distance from Coast Line ☐ > 50 km ☐ km _____

Adhesive Pattern ☐ Field – 12" oc Perimeter – 12" oc Corner – 9" oc

☐ Field – 12" oc Perimeter – 9" oc Corner – 6" oc

Other ☐ Field _____"oc Perimeter _____"oc Corner_____"oc

MEMBRANE FASTENERS (MECHANICALLY ATTACHED SYSTEMS ONLY)

ALL MECHANICALLY ATTACHED SYSTEMS REQUIRE THE USE SFS HEAVY DUTY, #14 FASTENERS AS A MINIMUM. HEAVY DUTY, #15 FASTENERS ARE REQUIRED FOR FLORIDA AND FM APPROVALS.

Fasteners Type: ☐ HD-14 ☐ HD-15 Fastener Length:_____

PVC Sheet Width: ☐ 36" ☐ 72" Half Sheets: ☐ -1 ☐ - 2 ☐ - _____

Fastener Spacing in Seam: ☐ 6" ☐ 12"

FASTENER / ADHESIVE PULL TESTS

Was a pull out test conducted? ☐ Yes ☐ No Submit copy of test to Goliath Technical Department

Fasteners Tested: ☐ DP-12 ☐ HD-14 ☐ HD-15 ☐ Other: _____

If yes, number of test pulls: _____ High Value:_____ Low Value: _____

Adhesive Tested: ☐ H.B. Fuller ☐ Other: _____

If yes, number of test pulls: _____ High Value:_____ Low Value: _____

MEMBRANE ADHESIVES (FULLY ADHERED SYSTEMS ONLY)

What Type of Adhesive was used for the field sheets: ☐ Solvent Based ☐ Water Based

APPROVALS

Does this project require compliance with Factory Mutual (FM)? ☐ Yes ☐ No If "yes": FM 1-_____

Does this project require compliance with CSA A123.21? ☐ Yes ☐ No

Does this project require compliance with Underwriters Laboratory (UL)? ☐ Yes ☐ No

If "yes", please select the appropriate rated needed ☐ Class A ☐ Class B ☐ Class C

Does this project require compliance with Florida NOA? ☐ Yes ☐ No

ROOF DRAWING

ALL PROJECTS REQUIRE A SUBMITTAL OF A ROOF DRAWING AND DIMENSIONS. SUBMISSION OF SHOP DRAWINGS ARE ACCEPTABLE ONLY IF DIMENSIONS ARE PRESENT.

PLEASE INDICATE IF PROJECT HAS MULTIPLE DECK TYPES OR SYSTEM TYPES