



"Engineering Sustainable Roofing"

WARRANTY # _____

RETURN TO:
B.J. Steele - bj@pmsilicone.com
540 Central Court
New Albany, IN 47150 Fax 812-944-7804

ROOF REPAIRS ESTIMATE & INVOICE

JOB SIZE _____ ORIG. COMPL DATE _____

JOB NAME: _____

JOB ADDRESS: _____

CONTACT: _____ PHONE: _____

ORIGINAL CONTRACTOR: _____ REPAIRING CONTRACTOR: _____

This estimate is a result of:

- Inspection Report (1st 30 months of warranty). Labor and non-silicone materials are the responsibility of the original QA, per the QA agreement. Please indicate below the quantity of silicone materials needed for the repair.
Owner's Concern. Roof was inspected or inspection report was provided; below is estimate of repairs (silicone materials separate from labor & non-silicone materials). If original QA is repairing the roof, First 30 Months labor/non-silicone is QA's responsibility. Progressive Materials LLC will supply silicone materials on no-charge basis.

Warranty repairs for both monies and silicone must have Progressive Materials LLC approval prior to start, and repairs must be completed no later than 45 days from date of authorization.

REPAIRS NEEDED

Table with 4 columns: Item, Coating, Blisters, Foam, Comments. Rows include Leaks, Wet, Foam Blisters, Foam Adhesion, Foam Cracks, Ponding, Bird Damage.

Cost of Repairs

Table with 3 columns: Description, ESTIMATE, ACTUAL. Rows include Misc. Labor & Materials, Foam, Other Materials, Tax, Labor, Living Expenses, Transportation, Equipment Rental, Other, Overhead, TOTAL.

Table with 3 columns: Material, ESTIMATE, ACTUAL. Rows include Coating (LS 2200) gal., Coating (HS 3200) gal., Foam (SF 4200) lbs.

NOTE: BEFORE-AND-AFTER PHOTOS, AND ROOF SKETCH SHOWING LOCATION, OF REPAIRS REQUIRED FOR OVER \$2,000.

Your Invoice Number: _____

How are completed repairs different from original repair assessment above? _____

ESTIMATE SIGNATURES
QA _____ DATE _____ . PM _____ DATE _____

PAYMENT SIGNATURES
QA _____ DATE _____ . PM _____ DATE _____