

Directions for Application

- 1. Fill out complete application.
- 2. Please attach the following documents:
 - a. Valid Proof of Liability Insurance
 - b. Worker's Compensation Insurance (Canada WSIB Clearance Letter/Certificate)
 - c. Business license(s) to work in the State(s)/Province(s) listed on application, if applicable
- 3. Email completed application to warranty@henry.com | 310.955.9200, option 4

| Please select the relevant Henry Authorization type: |
|--|
| Gold Seal Entitles Contractor to apply for Gold Seal Warranties. Entitles Contractor to apply for Henry PreApplied BlueShield Warranties for Blueskin PreSeal Systems. |
| System Entitles Contractor to apply for System Warranties. |
| Material PLUS Available for Roof Restoration Coating Systems only including Pro-Grade Silicone, Acrylic & Aluminum. Entitles Contractor to apply for Material PLUS Warranties. |
| Please select the relevant System types: |
| 790-11 Hot Rubberized Asphalt |
| CM-100 Waterproofing |
| Blueskin PreSeal System |
| PUMADEQ System |
| PRODEQ System |
| DUNDEQ System |
| Vegetative Roof Assembly (VRA) |
| modifiedPlus Mod Bit Roofing |
| BUR Roof Systems |
| Emulsion/Chopped Glass Monolithic Systems |
| Henry Restoration System – Pro-Grade Roof Restoration Coating System |
| Henry Restoration System – PremiR+ EVO SPF Foam Roof |
| Other |



| Please provide o | company information b | pelow. | | | | _ | |
|--|--|---------|--------|----|---------------------|-----------------|---|
| Company | | | | | | | |
| Address | | | | | | | |
| City | | | | | | | |
| State | ZIP | | | | | | |
| Contact | | | • | | | | |
| Email | | | | | | | |
| Phone | | | | | | | |
| Please provide t | the relevant informatio | n belov | N. | | | • | |
| Corporation | | | | W | here | Incorporated? | |
| | Date Organized? | | | w | here | Registered? | |
| Partnership | General Partner(s) | : | | | Limited Partner(s): | | |
| Individual | Where Registered? | ? | | Pr | Principal: | | |
| Joint Venture | Where Registered? | ? | | Pr | Principal: | | |
| Other | | • | | Не | enry | Representative: | |
| | | | | | | | • |
| Employer Iden | tification Number: | | | | | | |
| Corporation (P | artnership/Sole Propri | etor) N | umber: | | | | |
| States/Province | es licensed to do busi | ness in | 1: | | | | |
| License number and type: | | | | | | | |
| State(s)/Province(s) in which work is regularly performed: | | | | | | | |
| List branch off | ices you wish to be co ttach separate applica | | | | | | |
| | this entity been in busi | | | | | | |
| | name(s) have the prin | | | | | | |



Please provide the experience of key business participants.

| Participant | Name | Years | Type of System(s) | Prior Construction Experience (Business, type, years) |
|-------------------|------|-------|-------------------|---|
| President | | | | |
| Vice President(s) | | | | |
| Other Officers | | | | |
| Estimators | | | | |
| Project Managers | | | | |
| Supervisor(s) | | | | |
| Foremen | | | | |

| 1. | What percent of your work is performed by your own employees? If not at least 75%, describe how work is |
|----|---|
| | normally contracted. |

- 2. Have you ever failed to complete work contracted to this business or been named as a party in any construction related litigation?
 - Yes
 - No

If yes, please describe in detail.

- 3. Have any of your above named principals been employed by any contracting firm that has failed to complete work it contracted to perform or has been named as a party in any construction related litigation?
 - Yes
 - No

If yes, please describe in detail.



Yes

Henry Authorized Contractor Application

| | • No | | | | | | | |
|----------|-----------------------------|--------|-------------|--------------------------------|------------------|----------------------|-----------------|--------------------|
| 5. | Is your com | pany i | nvolved in | any litigation | at this time? | | | |
| | • Yes | | | | | | | |
| | • No | | | | | | | |
| | If yes, pleas being made | | tify any su | ch case; desc | ribe what the c | ase is about; the բ | oarties; type a | nd amount of claim |
| 6. | Has your co | mpan | y been a pa | arty to a lawsu | it during the pa | ast five (5) years? | | |
| | • Yes | | | | | | | |
| | • No | | | | | | | |
| | | | | ch case, desc eet of paper. | ribe what the c | ase is about, the p | oarties, type a | nd amount of claim |
| | What were th | ne gro | ss annual r | evenues of yo | our business ov | ver the last three y | rears? | |
| _ | This Year | \$ | | Last Year | | Previous Year | \$ | |
| <u> </u> | | - | | | | | | |
| | What is the r | norma | l breakdow | n of your worl | k? | | | |
| | New:% | vs. | Rework: _ | % | Bid: | % vs. Negotiate | ed: % | |
| _ | | | | | • | | | |

4. Has your company or any of its principals been named a party in any bankruptcy petition?



What percent of your work has been done in the following categories over the last three years?

| Туре | % of Work | % Guaranteed | Growing | Declining | Static |
|--------------------------------------|-----------|--------------|---------|-----------|--------|
| Waterproofing | | | | | |
| Hot Rubberized Asphalt Waterproofing | | | | | |
| Hot Built Up Roofing | | | | | |
| Cold Process Built Up Roofing | | | | | |
| Single Ply Roofing | | | | | |
| Modified Bitumen Roofing | | | | | |
| Foam Roofing | | | | | |
| Foam Wall | | | | | |
| Metal Roofing | | | | | |
| Air Barriers | | | | | |
| Roof Coatings | | | | | |
| Blindside Waterproofing | | | | | |
| Other | | | | | |



List five separate projects in each of the categories you are applying for that were completed in the last two years.

| Project | Owner | Material Supplier | Project Size | Specification Description | Completion Month & Year |
|---------|-------|----------------------|-----------------|---------------------------|----------------------------|
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| 1. Wha | t qualit | y control | procedures of | o you norma | lly apply | to proje | ects | to assure p | roper | installat | tion? |
|--------|----------|-----------|---------------|-------------|-----------|----------|------|-------------|-------|-----------|-------|
|--------|----------|-----------|---------------|-------------|-----------|----------|------|-------------|-------|-----------|-------|

- 2. Describe your safety program.
- 3. How many OSHA reportable incidents have you had within the last 3 years? If applicable, please provide a list of incidents.



| Vendor Name | Address | Phone |
|---|--|---|
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| | | |
| Please list your bank reference | es: | |
| Bank Name | Address | Phone |
| | | |
| | | |
| | | |
| | | |
| Please list trade associations | in which your firm holds membership: | |
| Association Name | Address | Phone |
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| ist Manufacturers/Marketers | of Roofing or Waterproofing Systems v | you have current Applicator Agreements with |
| List Manufacturers/Marketers Company Name | of Roofing or Waterproofing Systems y Type of Agreement | ou have current Applicator Agreements with. |
| | | ou have current Applicator Agreements with. |
| | | ou have current Applicator Agreements with. |
| | | ou have current Applicator Agreements with. |



- 1. The undersigned officer of the business named below hereby certifies that the information provided herein is true and accurate, offered for the purpose of having HENRY COMPANY (HENRY) rely thereon, in order to approve this contractor's application as a HENRY Authorized Contractor (CONTRACTOR), which entitles such CONTRACTOR to apply for HENRY Warranties from HENRY and commits such entity to apply such systems in accordance with HENRY applicable specifications and good construction practices.
- 2. Contractor certifies by signing below that they hold all necessary licenses to perform roofing work in the jurisdictions listed on the application and agrees to notify Henry if a necessary license expires, is revoked or otherwise terminated.
- If the applicant already has a completed credit agreement with Henry's Accounts Receivable Department prior to applying to become a Henry authorized contractor, it is not necessary to complete the financial sections of this application.
- 4. **HENRY** is hereby authorized to investigate credit history and Dunn & Bradstreet reports to confirm the data provided in this application.

| SIGNED: | DATE: | _ |
|---------|-------|---|
| | | |
| PRINT: | _ | |

The following must be attached to application:

- Valid Proof of Liability Insurance
- Worker's Compensation Insurance (Canada WSIB Clearance Letter/Certificate)
- Business license(s) to work in the State(s)/Province(s) listed on application, if applicable

PLEASE ALLOW 2 WEEKS FOR REVIEW AND PROCESSING.
YOU WILL BE NOTIFIED OF YOUR AUTHORIZATION STATUS WITHIN THE TIMEFRAME.