

EXHIBIT 1A

Homeowner's Inquiry Survey

EXHIBIT 1.A.



Homeowner's Inquiry Survey

PLEASE TYPE OR PRINT

Claim#

To Be Completed By Warranty Services Department Plant _____ Received _____ Completed _____

Owners Name/s: _____ | Home Phone: _____

Owners Address: _____ | Work Phone: _____ | Cell _____

City: _____ | State: _____ | Zip Code: _____ | County: _____ Email: _____

Address of Building Involved - _____

Date Present Owner Purchased Building Involved: _____ Date Product Applied: _____

Describe Type and Color of Product _____

Stenciled Code Numbers from Wrapper (if Available) _____

Product Applied By _____ Work Phone () _____

Contact _____ Fax () _____

Address _____ City _____ State _____ Zip code _____

Product Purchased from _____ Phone () _____

Invoice or Receipt Number _____

Number of Squares Applied _____ Number of Squares Involved _____
100 square feet = 1 square 100 square feet = 1 square

Slope of Roof Deck _____

Is Roof Leaking Yes No Inches per foot
Is Underlayment FELT applied under product Yes No

Type of Structure - Residence _____ Manufactured Home _____ Garage _____ Barn _____ Other _____

Type of Decking - Plywood _____ Wood Planks _____ OSB _____ Insulated Deck _____ Other _____

If this was a RE-ROOF is it over - Asphalt Shingles _____ Wood Shingles _____ Other _____ Total # of layers _____

Roof Ventilation - Ridge _____ Soffit _____ Eave _____ Gable _____ Turbine _____ Power _____

Roof/Pot _____ Other _____

Total Number of Vents - _____ Do you have a Cathedral Ceiling - Full / Partial / No Fasteners Used Nail / Staple

Describe Concern with Product (This Section must be filled out)

I have read and Certify the above information to be true, correct, and complete and I understand that I may be subject to legal proceedings brought by IKO for any fraudulent statements.

Homeowner's Signature

Date