



# Guarantee Questionnaire

**This form must be completed in full by the applicant requesting an Ultimate Panel Guarantee from Kingspan Insulated Panels Limited. Any guarantee offered on the basis of this questionnaire will be valid only if the questions are answered with complete accuracy.**

**Applicant (purchaser of Kingspan Insulated Panels)**

Company name.....  
 Company address.....  
 Contact person (name/position).....  
 Contacts (tel/email).....

**Building (for which Kingspan products have been supplied)**

Site address.....  
 Primary purpose & brief description of usage.....  
 Start of construction.....  
 End of construction.....  
 Kingspan sales order number.....  
 Your purchase order number.....

	Company Name	Address
Building Owner		
Main Contractor		
Cladding Contractor		
Architect		

**Building**

Height of the building (m):

Floor area:  <2,000m<sup>2</sup>  2,000-10,000m<sup>2</sup>  >10,000m<sup>2</sup>

Orientation:  North  East  South  West

Altitude (m above sea level):

Surrounding area:  Rural  Urban  Industrial

Local environment:  Inland  Coastal\*  Lakeside

Location of panels on the building:

Slope of roof (degrees):

Air Leakage testing:  No  Yes

- if Yes, what air leakage figure achieved:

Fall prevention system:  No  Yes  Yes, Kingspan

Distance from sea coast or lakes (km):

\*Coastal refers to buildings within 1km of the coast.

Kingspan Coating	Roof	Wall	Colour
XL Forté	<input type="checkbox"/>	<input type="checkbox"/>	
XL Forté	<input type="checkbox"/>	<input type="checkbox"/>	
Spectrum	<input type="checkbox"/>	<input type="checkbox"/>	
Spectrum	<input type="checkbox"/>	<input type="checkbox"/>	
Altaris	<input type="checkbox"/>	<input type="checkbox"/>	
Destral	<input type="checkbox"/>	<input type="checkbox"/>	
CLEANSafe	N/A	N/A	

**I confirm the foregoing answers are accurate**

**Signed**.....

**Dated**.....

