

**B**

**CONTRACTOR /OWNER REQUEST FOR QUOTATION  
TO AMB WARRANTY, INC.  
(AMB)**

**CONSTRUCTOR JOB #:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_

**INSTALLER NAME:** \_\_\_\_\_

**INSTALLER TELE #:** \_\_\_\_\_ **FAX #** \_\_\_\_\_

**AWARD DATE:** \_\_\_\_\_

**1st CONTACT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **SALES REP.** \_\_\_\_\_

**TELEPHONE #** \_\_\_\_\_ **Which Branch office:** \_\_\_\_\_

**PERSON CONTACTED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROJECTED START DATE:** \_\_\_\_\_ **PERSON TO CONTACT:** \_\_\_\_\_

**DESCRIBE PROJECT: (DO YOU WANT BUILDING OR ROOF WARRANTY OR BOTH ?)**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**S. F.** \_\_\_\_\_ **SLOPE OF ROOF** \_\_\_\_\_ **EXPLAIN / DETAIL THE TYPE ROOF**  
**Tell us Installed type of System and what is under the roof panel and if it is new or**  
**retro-fit construction. Also are you the prime contractor or the sub-contractor ?**

\_\_\_\_\_

\_\_\_\_\_

**HOW MANY YEARS OF WARRANTY REQUIRED** \_\_\_\_\_

**NOTE: AMB NORMALLY WILL RESPOND TO THIS NOTICE INSIDE OF ONE FULL DAY.  
SEND BY FAX TO AMB WARRANTY AT 770-664-9607 OR IS BETTER TO SEND PDF TO  
cwb@ambwarranty.com. or cwbenettjr@ambwarranty.com ASAP**