

VersiRail Quotation Questionnaire

Date _____

Complete all sections as comprehensively as possible.

Contact details




Name _____
 Company _____
 Address _____

 _____ Postcode _____
 Telephone number _____
 Fax number _____
 Email _____

Installation type (tick one only)

Freestanding Fixed Foldable

VersiRail style (tick one only)

 Straight  Curved  Inclined

VersiRail finish (tick one only)

Untreated Polished
 Powder coated: RAL no. _____

Project details

Project name _____
 Project address _____

 _____ Postcode _____

New Build Yes No

Refurbishment Yes No

Roof Build-up/type

Membrane Flat Roof: Type (eg. PVC) _____
 Gravel Flat Roof
 Other (Please state) _____

Roof Area m² _____ Roof pitch _____°

Building height m _____

Access restriction _____

Please state location/method of roof access

Start On Site date _____

Roofing Start On Site _____

Additional information

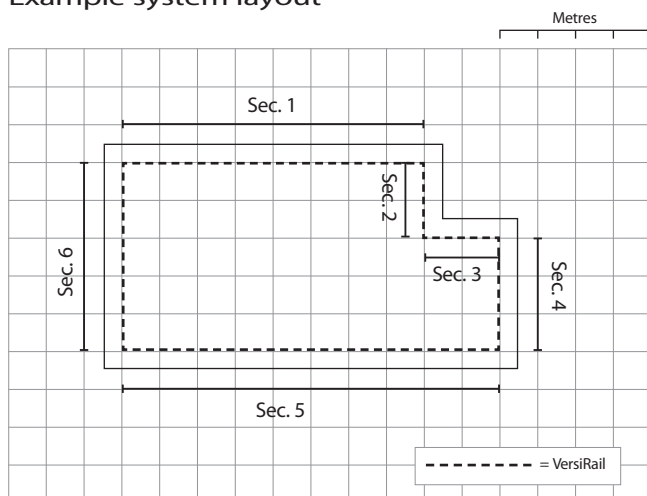
Parapet Yes No If yes, then please give height of parapet _____ mm

Kickboard Yes No NB: Kickboard will be required if parapet height is less than 100 mm

Any other special requirements: _____

To help us with your VersiRail requirements, we require a sketch of your building rooftop highlighting any rooflights or additional fall hazards and indicating the rough layout of the VersiRail system. Space is provided overleaf.

Example system layout



Section	Length (m)	End	Corner
1	8	Open	90°
2	2	-	90°
3	2	-	90°
4	3	-	90°
5	10	-	90°
6	5	Open	-
7			
8			
9			

Please email to spec@latchways.com or fax back to: +44 (0)1380 732701

