

## Roof Condition Certification Form

**APPLICANT/INSURED NAME:** Mr. and Mrs. America    **APPLICATION/POLICY #:** \_\_\_\_\_

**ADDRESS INSPECTED:** 1234 Surfing Wild Way, Riverview, FL 33569

**DATE OF INSPECTION:** 1/15/2014

This Roof Condition Certification Form must be inspected and completed by a verifiable Florida-licensed professional. Without an appropriately licensed inspector's dated signature, the form will not be accepted. The following **FLORIDA-LICENSED** individuals may complete this form for Citizens:

- A general, residential, building, or roofing contractor
- A building code inspector
- A registered architect
- A professional engineer
- A building code official who is authorized by the State of Florida to verify building code compliance
- A Florida-licensed home inspector

Note: This form does not verify loss mitigation features. Use Uniform Mitigation Verification Form, OIR-B1-1802.

**ROOF (TWO PHOTOS OF THE ROOF'S CONDITION ARE REQUIRED TO BE SUBMITTED WITH THIS FORM)**

Predominant Roof	Secondary Roof	
Covering Material: <u>Asphalt Comp Shingle</u>	Covering Material: <u>na</u>	<i>Any visible signs of damage / deterioration? (describe) (e.g. curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck)</i>  Predominant Roof Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Secondary Roof Yes <input type="checkbox"/> No <input type="checkbox"/>  <i>Any visible signs of leaks?</i>  Predominant Roof Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Secondary Roof Yes <input type="checkbox"/> No <input type="checkbox"/>
Age of roof (in years): <u>10yrs</u>	Age of roof (in years): _____	
Remaining Useful Life: <u>9yrs</u>	Remaining Useful Life: _____	
Date Last Roofing Permit: <u>10/26/2004</u>	Date Last Roofing Permit: _____	
Date of Last Update: <u>2004</u>	Date of Last Update: _____	
<i>If updated (check one):</i>	<i>If updated (check one):</i>	
Full Replacement <input checked="" type="checkbox"/>	Full Replacement <input type="checkbox"/>	
Partial Replacement <input type="checkbox"/>	Partial Replacement <input type="checkbox"/>	
% of Replacement: <u>100</u>	% of Replacement: _____	
<i>Overall Condition of Roof:</i>	<i>Overall Condition of Roof:</i>	
Excellent <input type="checkbox"/>	Excellent <input type="checkbox"/>	
Good <input checked="" type="checkbox"/>	Good <input type="checkbox"/>	
Fair <input type="checkbox"/>	Fair <input type="checkbox"/>	
Poor (explain) <input type="checkbox"/>	Poor (explain) <input type="checkbox"/>	

**Additional Comments:**

Roof and roof materials are in good condition with no visible signs of damage/deterioration present.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALL ROOF CONDITION CERTIFICATION INSPECTIONS MUST BE INSPECTED, SIGNED AND COMPLETED BY A VERIFIABLE FLORIDA-LICENSED INSPECTOR. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Robert E. Hintze Jr.

Inspector Name

813-486-8551

Telephone Number



Signature of Inspector

FL Home Inspector

License Type

HI12

License Number

1/15/2014

Date

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