

Roof Condition Certification Form

Applicant/Insured Name: _____ Application/Policy #: _____

Address Inspected: _____

Date of Inspection: _____

This *Roof Condition Certification Form* must be completed and signed by a Florida-licensed professional. The form will not be accepted without the dated signature of one of the following appropriately licensed inspectors:

- General, residential, building or roofing contractor
- Building code inspector
- Registered architect
- Professional engineer
- Building code official who is authorized by the state of Florida to verify building code compliance
- Florida-licensed home inspector

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

ROOF (Two photos showing the roof's condition must be submitted with this form.)		
<p>Predominant Roof</p> <p>Covering material: _____</p> <p>Roof age (years): _____</p> <p>Remaining useful life: _____</p> <p>Date of last roofing permit: _____</p> <p>Date of last update: _____</p> <p>If updated (check one):</p> <p>Full replacement <input type="checkbox"/></p> <p>Partial replacement <input type="checkbox"/></p> <p>% of replacement _____</p> <p>Overall Condition of Roof:</p> <p>Excellent <input type="checkbox"/></p> <p>Good <input type="checkbox"/></p> <p>Fair <input type="checkbox"/></p> <p>Poor (explain) <input type="checkbox"/></p>	<p>Secondary Roof</p> <p>Covering material: _____</p> <p>Roof age (years): _____</p> <p>Remaining useful life: _____</p> <p>Date of last roofing permit: _____</p> <p>Date of last update: _____</p> <p>If updated (check one):</p> <p>Full replacement <input type="checkbox"/></p> <p>Partial replacement <input type="checkbox"/></p> <p>% of replacement _____</p> <p>Overall Condition of Roof:</p> <p>Excellent <input type="checkbox"/></p> <p>Good <input type="checkbox"/></p> <p>Fair <input type="checkbox"/></p> <p>Poor (explain) <input type="checkbox"/></p>	<p>Any visible signs of damage /deterioration? (describe; e.g. curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck)</p> <p>Predominant roof <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Secondary roof <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Any visible signs of leaks?</p> <p>Predominant roof <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Secondary roof <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Additional Comments:		
<p>All <i>Roof Condition Certification Forms</i> must be signed and completed by a Florida-licensed inspector. I certify that the above statements are true and correct.</p>		
<p>_____ Inspector Name (printed)</p>	<p>_____ Telephone Number</p>	
<p>_____ Signature of Inspector</p>	<p>_____ License Type</p>	<p>_____ License Number</p>
		<p>_____ Date</p>