

## Roof Condition Certification Form

APPLICANT/INSURED NAME: \_\_\_\_\_ APPLICATION/POLICY #: \_\_\_\_\_

ADDRESS INSPECTED: \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_

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 Inspection 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: _____	Covering Material: _____
Roof Age (years): _____	Roof Age (years): _____
Remaining Useful Life: _____	Remaining Useful Life: _____
Date of Last Roofing Permit: _____	Date of Last Roofing Permit: _____
Date of Last Update: _____	Date of Last Update: _____
If updated (check one):	If updated (check one):
Full Replacement <input type="checkbox"/>	Full Replacement <input type="checkbox"/>
Partial Replacement <input type="checkbox"/>	Partial Replacement <input type="checkbox"/>
% of Replacement _____	% of Replacement _____
<u>Overall Condition of Roof:</u>	<u>Overall Condition of Roof:</u>
Excellent <input type="checkbox"/>	Excellent <input type="checkbox"/>
Good <input type="checkbox"/>	Good <input type="checkbox"/>
Fair <input type="checkbox"/>	Fair <input type="checkbox"/>
Poor (explain) <input type="checkbox"/>	Poor (explain) <input type="checkbox"/>

Any visible signs of damage/deterioration? (describe) (e.g. curling, lifted/loose/missing shingles or tiles, sagging or uneven roof deck)

Predominant Roof	Secondary Roof
Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Any visible signs of leaks?	
Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Additional Comments:

*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.*

Inspector Name (printed)	Telephone Number	Date
Signature of Inspector	License Type	License Number



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