



Roof Inspection

Client Name	Email		
Address	City	State	Zip
Phone	Phone		
Project Address if Different	Date		
Insurance Company	Deductible		
Assigned Adjuster	Phone		

General Roof Description

Approximate Age of Roof: _____ Style of Roof: _____ Roof Material: _____
 Current Condition of Roof: Excellent Good Fair Poor Leaking Emergency Repairs Needed _____
 Visible Damage from Ground Level? Describe: _____
 Pitch of Roof : ____/12 _____ to ____/12 _____ # of Stories _____ Access: _____
 Gutters: Yes No Gutter Guards? Yes No Type of System: _____

Roof Damage Detail

Type of Damage: Hail Wind Other _____
 Missing Tabs: Yes No Number _____
 Creased Shingles Yes No Number _____
 Granule Loss Yes No Tearing: Yes No
 Soft Metal Damage: Yes No
 Test Squares: #Hits/Sq. Front _____ Rear _____ Other _____
 Notes: _____

Roof Accessory Detail

Skylight Yes No # _____ Chimney Yes No # _____
 Satellite Yes No # _____ Attached to Roof Yes No
 #1 Location _____ #2 Location _____
 # Pipes _____ #Power Vents _____ # Layers _____
 # Returns _____ #Turtle Vents _____ Drip Edge? _____
 # Furnace Vents _____ Ridge Vent: Y/N Length _____
 Other: _____

Additional Damage Report

Gutters Yes No LF _____ Downspouts Yes No LF _____ Screens Yes No # _____ Size(s) _____
 Fascia Yes No LF _____ Soffit Yes No LF _____ Siding Yes No SF _____ Type _____
 A/C Unit Yes No LF _____ Additional Structures? _____
 Interior Damage Yes No Description _____
 Notes: _____

I/WE, the Owners(s) of the premises listed above hereby authorize Ibis Construction ("Contractor") and/or its representatives, to perform a FREE evaluation of the condition of our roof. **This grants permission and access onto the roof for the purpose of an evaluation.** If an insurance claim has not presently been filed, and due damage is found, Owner(s) agrees to file a claim and provide subsequent claim information and paperwork to Ibis Construction. **Ibis Construction hereby agrees to act as the Insured's advocate with the insurance company to help determine fair market replacement value for all losses incurred in claim.** Owner further agrees that the Contractor will perform any work detailed in the claim. Owner expressly agrees to not allow any other person or entity to perform any of the work included in this claim. All work will be performed by Contractor and paid Replacement Cost Value to do so. Ibis Construction agrees to perform any work detailed in the claim, per insurance specifications and for the "replacement cost value" that the insurance company determines. **Ibis Construction hereby agrees that no additional cost incurred while performing said repairs will be charged to the Owner(s).**

 Approved and Accepted (Owner) Signature Date Ibis Construction Representative Signature Phone