

Roof Condition Certification Form

APPLICANT/INSURED NAME: _____ APPLICATION/POLICY #: _____

ADDRESS INSPECTED: _____

DATE OF INSPECTION: _____

This form is provided to assist you in complying with certain Citizens eligibility rules. The following "qualified inspectors" may complete the form:

- A Florida licensed general, residential, building, or roofing contractor;
- A licensed building inspector;
- A registered architect;
- An engineer in the State of Florida; or
- A building code official (who is duly authorized by the State of Florida or its county's municipalities to verify building code compliance).

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

Certification Information

Roof Covering: _____	Approximate remaining useful life of the roof: _____
Age of roof (in years): _____	Date last updated? _____
What, if any, updates were completed? _____	<input type="checkbox"/> Full Replacement <input type="checkbox"/> Partial Replacement
Are there any visible signs of damage/deterioration (such as curling/lifted/loose/missing shingles or tiles, sagging or uneven roof deck, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, explain _____	
Are there any visible signs of leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, explain _____	
Two photos representing the roof's condition are required to be submitted with this form.	
<u>Florida Fraud Statement</u> Any person who knowingly and with the intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.	
Inspector Name (printed) _____	Telephone Number _____
Signature of Inspector _____	License Type _____ License Number _____ Date _____