



# 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 Florida-licensed building inspector;
- A Florida-registered architect;
- A Florida-licensed engineer;
- A building code official who is authorized by the State of Florida or its counties' municipalities to verify building code compliance;
- A Florida-licensed home inspector who is a member of the American Society of Home Inspectors (ASHI), the Florida Association of Building Inspectors (FABI) or National Association of Certified Home Inspectors (NACHI)

(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?  Full Replacement  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.)?  Yes  No. If yes, explain \_\_\_\_\_

Are there any visible signs of leaks?  Yes  No. If yes, explain \_\_\_\_\_

**Two photos representing the roof's condition are required to be submitted with this form.**

### Florida Fraud Statement

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 \_\_\_\_\_