

Roof Condition Certification Form

APPLICANT/INSURED NAME: your name here	APPLICATION/POLICY #:
ADDRESS INSPECTED: 0000 NW 00 ST. TAM	ARAC
DATE OF INSPECTION: 01/03/xxxx	

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).

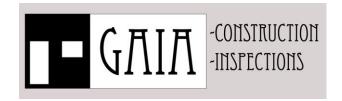
(Note: This form does not verify loss mitigation features. Use Uniform Mitigation Verification Form, OIR-B1-1802.)

Certification Information				
Roof Covering: ROLL/ASPH	Approximate remainin	ng useful life of the roof: _	8 YRS	
Age of roof (in years): 4 YRS	Date last updated?	N/A		
What, if any, updates were completed?	☐ Full Replacement	☐ Partial Replacemen	t	
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.				
	954 882 2672			
Inspector Name (printed)	Telephone Number			
	GRAL CONTRACTOR	CGC15	01/05/xxxx	
Signature of Inspector	License Type	License Number	Date	



PROPERTY INSPECTION – 0000 NW 00 ST TAMARAC, FL ATTACHMENT - PHOTOGRAPHS





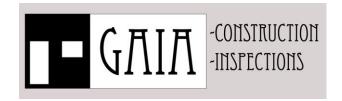
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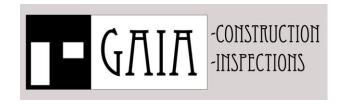
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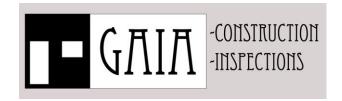
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