



# Roof Condition Certification Form

APPLICANT/INSURED NAME: your name here APPLICATION/POLICY #: \_\_\_\_\_

ADDRESS INSPECTED: 0000 NW 00 ST. TAMARAC

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 remaining 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 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 954 882 2672

\_\_\_\_\_  
Signature of Inspector License Type GRAL CONTRACTOR License Number CGC15 Date 01/05/xxxx



GAIA

-CONSTRUCTION  
-INSPECTIONS

INSPECTION 000123

PROPERTY INSPECTION – 0000 NW 00 ST TAMARAC, FL  
ATTACHMENT - PHOTOGRAPHS  
DATE: 01-03-xxxx





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