

# Roof Condition Certification Form

APPLICANT/INSURED NAME: \_\_\_\_\_ APPLICATION/POLICY #: \_\_\_\_\_

ADDRESS INSPECTED: \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_

This Roof Condition Certification Form must be inspected and completed by a verifiable professional. The form is not valid without an appropriately qualified inspector's dated signature. The person performing the the inspection is qualified as indicated by the box selected below:

- A general, residential, building, or roofing contractor
- A building code inspector
- A registered architect
- A professional engineer
- A building code official who is authorized by the authority having jurisdiction to verify building code compliance
- A qualified home inspector

NOTE: This form **does not** verify loss mitigation features.

## ROOF (TWO PHOTOS OF THE ROOF'S CONDITION ARE REQUIRED TO BE SUBMITTED WITH THIS FORM)

Predominant Roof	Secondary Roof	Any visible signs of damage/ deterioration? (describe) (e.g. curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck)
Covering Material:	Covering Material:	
Roof Age (years):	Roof Age (years):	
Remaining Useful Life:	Remaining Useful Life:	
Date of Last Roofing Permit:	Date of Last Roofing Permit:	
Date of Last Update:	Date of Last Update:	
<i>If updated (check one):</i>	<i>If updated (check one):</i>	
Full Replacement <input type="checkbox"/>	Full Replacement <input type="checkbox"/>	
Partial Replacement <input type="checkbox"/>	Partial Replacement <input type="checkbox"/>	
% of Replacement	% of Replacement	
<i>Overall Condition of Roof:</i>	<i>Overall Condition of Roof:</i>	
Excellent <input type="checkbox"/>	Excellent <input type="checkbox"/>	
Good <input type="checkbox"/>	Good <input type="checkbox"/>	
Fair <input type="checkbox"/>	Fair <input type="checkbox"/>	
Poor (explain) <input type="checkbox"/>	Poor (explain) <input type="checkbox"/>	
		<i>Any visible signs of damage/ deterioration? (describe) (e.g. curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck)</i> Predominant Roof <input type="checkbox"/> Yes <input type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Any visible signs of leaks?</i> Predominant Roof <input type="checkbox"/> Yes <input type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input type="checkbox"/> No

### Additional Comments:

ALL ROOF CONDITION CERTIFICATION INSPECTIONS MUST BE INSPECTED, SIGNED, AND COMPLETED BY A VERIFIABLE QUALIFIED INSPECTOR. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Inspector Name (printed) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Signature of Inspector \_\_\_\_\_

License/Certification Type \_\_\_\_\_

Number/ID \_\_\_\_\_

Date \_\_\_\_\_



