



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.	
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