



Roof Condition Certification Form

APPLICANT/INSURED NAME:	DATE INSPECTED:
	9/13/2016
ADDRESS INSPECTED:	 YEAR BULT:
	1989
AGENT:	EMAIL
	TBA
APPLICATION/POLICY #:	CONTACT TEL #:

This form is provided to assist you in complying with certain insurance eligibility rules. A Florida licensed contractor must complete this form.

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

Certification Information

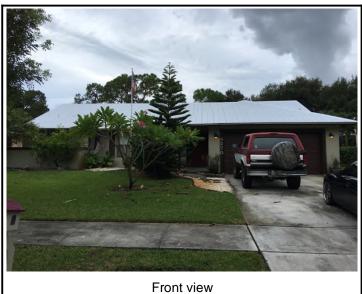
Roof covering:	Approximate remaining useful life of the roof:	
Seamless Metal	40 yrs remaining life	
Age of roof (in years):	Date last updated?	
4 months	5/9/2016	
What, if any, updates were completed? Full Replacement Partial Replacement		
Reroof permit #16-163326		
Are there any visible signs of damage/deterioration (such as curling/lifted/loose/missing shingles or tiles, sagging or uneven roof deck, etc.)? Yes No. No. If yes, explain		
Are there any visible signs of leaks? Yes No. V	es, explain ROOF CONDITION Good	
,		
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.		
MICHAEL DIGIORGIO 954-536-0400 Name of Licensed Contractor (printed) Telephone Nun	0/12/0016	
CGC #03399 Signature of Licensed Contractor License Numb		





DATE: 09/13/2016

ROOF CONDITION CERTIFICATION













DATE:

09/13/2016

ROOF COVERING CONDITION



Seamless metal / good condition / 40 yrs remaining life











DATE:

09/13/2016

CEILING CONDITION





Good condition / no signs of leaks





DATE:

09/13/2016

ROOF DECK CONDITION



