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 Florida-licensed building inspector;
• A Florida-registered architect;
• A Florida-licensed engineer;
• A building code official who is authorized by the State of Florida or its counties’ municipalities to verify building code compliance;
• A Florida-licensed home inspector who is a member of the American Society of Home Inspectors (ASHI), the Florida Association of Building Inspectors (FABI) or National Association of Certified Home Inspectors (NACHI)

(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? □ 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 __________________

Signature of Inspector __________________ License Type ______________ License Number ______________ Date ________

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