

Roof Inspection Form

| Applicant/Insured Name: CONFIDEN | TIAL | _Application/Policy #: | |
|---|--|---|--|
| Address Inspected:CONFIDEN | TIAL | | |
| Date of Inspection: 01/09/2021 | | | |
| accepted without the dated signature of c • General, residential, building | one of the following appropriately lice or roofing contractor • Building | | |
| | | n, or a similar form, that is obtained from the Florida licensed professional s not a warranty or assurance of the suitability, fitness or longevity of the | |
| Roof (Photos of each roof slop | e showing the roof's condition | on must be submitted with this form.) | |
| Predominant Roof | | Secondary Roof | |
| Covering material: Metal Seam | | Covering material: | |
| Roof age (years): 2.5 years | | Roof age (years): | |
| Remaining useful life (years) 45 years | | Remaining useful life (years) | |
| Date of last roofing permit: 05/14/2018 | | Date of last roofing permit: | |
| Date of last update: 05/14/2018 | | | |
| | | Date of last update: | |
| If updated (check one): | | If updated (check one): | |
| ■ Full replacement | | ☐ Full replacement | |
| ☐ Partial replacement | | ☐ Partial replacement | |
| % of replacement: | | % of replacement: | |
| Overall condition | | Overall condition | |
| ■ Satisfactory | | ☐ Satisfactory | |
| ☐ Unsatisfactory (explain below) | | Unsatisfactory (explain below) | |
| Any visible signs of damage / deterio | ration? | Any visible signs of damage / deterioration? | |
| (check all that apply and explain below) | | (check all that apply and explain below) | |
| ☐ Cracking | | ☐ Cracking | |
| ☐ Cupping/curling | | ☐ Cupping/curling | |
| ☐ Excessive granule loss | | ☐ Excessive granule loss | |
| ☐ Exposed asphalt | | Exposed asphalt | |
| ☐ Exposed felt | | Exposed felt | |
| ☐ Missing/loose/cracked tabs or tiles | | Missing/loose/cracked tabs or tiles | |
| ☐ Soft spots in decking | | Soft spots in decking | |
| ☐ Visible hail damage | | ☐ Visible hail damage | |
| Any visible signs of leaks? Yes | No | Any visible signs of leaks? ☐ Yes ☐ No | |
| Attic/underside of decking ☐ Yes ■ | No | Attic/underside of decking ☐ Yes ☐ No | |
| Interior ceilings ☐ Yes ■ No | | Interior ceilings ☐ Yes ☐ No | |

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| Additional Comments/Observations (use additional pages as needed): | | | | | |
|---|----------------|----------------|------------|--|--|
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| | | | | | |
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| | | | | | |
| | | | | | |
| All Roof inspection Forms must be completed and signed by a verifiable Florida-licensed inspector. I certify that the above statements are true and correct. | | | | | |
| | Home Inspector | HI11048 | 01/09/2021 | | |
| Inspector Signature | Title | License Number | Date | | |
| Statewide Florida Home Inspections, Inc. | Home Inspector | 786-227-2541 | | | |
| Company Name | License Type | Work Phone | | | |

Special Instructions: This sample *Roof Inspection Form* includes the minimum data needed for Underwriting to properly evaluate a property application. While this specific form is not required, any other inspection report submitted for consideration must include at least this level of detail to be acceptable.

Photo Requirements

Photos must accompany each Roof Inspection Form. The minimum photo requirements include:

- · Roof: Each slope
- All hazards or deficiencies

Documenting the Condition of Each System

The Florida-licensed inspector is required to certify the condition of the roofing system. *Acceptable Condition* means that each system is working as intended and there are no visible hazards or deficiencies.

Additional Comments or Observations

This section of the *Roof Inspection Form* must be completed with full details/descriptions if any of the following are noted on the inspection:

- Updates: Identify the types of updates, dates completed and by whom
- Any visible hazards or deficiencies
- · Any roof determined not to be in good working order

Note to All Agents

The writing agent must review in advance each *Roof Inspection Form* submitted with an application for coverage. It is the agent's responsibility to ensure that all rules and requirements are met before the application is bound. Agents may not submit applications for properties with roof(s) not in good working order or with existing hazards/deficiencies.

Insurance Policy: # UDC-2224833-CGL-18 Florida State Lic: # HI11048 Phone: 786-227-2541



Front View



Left Side View



Roof Angle 1



Right Side View



Rear View



Roof Angle 2

Insurance Policy: # UDC-2224833-CGL-18 Florida State Lic: # HI11048



Roof Angle 3



Roof Angle 5





Roof Angle 6