



Roof Condition Certification Form

APPLICANT/INSURED NAME: Sam Sample APPLICATION/POLICY #: _____

ADDRESS INSPECTED: 123 Main Street, Riverview, FL, 33569

DATE OF INSPECTION: 01/25/2011

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: Dimensional Shingle Approximate remaining useful life of the roof: 20 Years

Age of roof (in years): 5 Years Date last updated? 12/14/2004

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.

Joseph T. Burkeson (813) 864-7697
Inspector Name (printed) Telephone Number

Joseph T. Burkeson Home Inspector HI176 08/17/2010
Signature of Inspector License Type License Number Date

Photo Section

Prepared by: Square-One Inspection Service, LLC
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Roof & Ridge



Roof Surface