Roof Condition Certification Form

APPLICANT/INSURED NAME: ______________________ APPLICATION/POLICY #: __________________

ADDRESS INSPECTED: ________________________________________________________________

DATE OF INSPECTION: __________________________

This Roof Condition Certification Form must be inspected and completed by a verifiable Florida-licensed professional. Without an appropriately licensed inspector's dated signature, the form will not be accepted. The following FLORIDA-LICENSED individuals may complete this form for Citizens:

- A general, residential, building, or roofing contractor
- A building code inspector
- A registered architect
- A professional engineer
- A building code official who is authorized by the State of Florida to verify building code compliance
- A Florida-licensed home inspector

NOTE: This form does not verify loss mitigation features. Use Uniform Mitigation Verification Inspection Form OIR-B1-1802.

<table>
<thead>
<tr>
<th>Primary Roof</th>
<th>Secondary Roof</th>
<th>Any visible signs of damage / deterioration? (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Predominant Roof</td>
<td>Covered Material:</td>
<td>Secondary Roof Covered Material:</td>
</tr>
<tr>
<td>Predominant Roof</td>
<td>Remaining Useful Life:</td>
<td>Remaining Useful Life:</td>
</tr>
<tr>
<td>Predominant Roof</td>
<td>Date of Last Roofing Permit:</td>
<td>Date of Last Roofing Permit:</td>
</tr>
<tr>
<td>Predominant Roof</td>
<td>Date of Last Update:</td>
<td>Date of Last Update:</td>
</tr>
</tbody>
</table>

If updated (check one):
- Full Replacement
- Partial Replacement
- % of Replacement

Overall Condition of Roof:
- Excellent
- Good
- Fair
- Poor (explain)

If updated (check one):
- Full Replacement
- Partial Replacement
- % of Replacement

Overall Condition of Roof:
- Excellent
- Good
- Fair
- Poor (explain)

Additional Comments:

ALL ROOF CONDITION CERTIFICATION INSPECTIONS MUST BE INSPECTED, SIGNED AND COMPLETED BY A VERIFIABLE FLORIDA-LICENSED INSPECTOR. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Inspector Name (printed) __________________________ Telephone Number __________________________

Signature of Inspector __________________________ License Type __________________________ License Number __________________________ Date __________________________