|  |  |
| --- | --- |
|  | **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

CIT RCF-1 02 11 (rev.)