



Roof Condition Certification Form

APPLICANT / INSURED NAME: TEST REPORT APPLICANT/POLICY #: _____

ADDRESS INSPECTED: 123 ABC DR NAVARRE, FL 32566

DATE OF INSPECTION: October 25, 2023

This Form Is provided to assist you in complying with certain rules. The following "qualified inspector's" may complete the from:

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

(Note: This form does not verify loss mitigation features. Use Mitigation Verification Form, OIR-B1-1802.)

Certification Information	
Roof Covering: <u>Architectural</u>	Approximate remainig usefull life : <u>20yrs</u>
Age of (in Years): <u>5yrs</u>	Date last updated? <u>7/7/2018</u>
What, If any, updates were completed?:	<input checked="" type="checkbox"/> Full Replacement <input type="checkbox"/> Partial Replacement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if yes, explain _____
Are there any visible signs of leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if yes, explain _____	
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.	
David Greene <u>850-737-1832</u> Inspectors Name (printed) Telephone Number	
 Signature of Inspectors	Home Inspector <u>HI7589</u> License Type License Number



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