



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. A Florida licensed roofing contractor must complete this form.

(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.

Name of Licensed Roofing Contractor (printed) Telephone Number

Signature of Licensed Roofing Contractor License Number Date