



# Roof Inspection Form

Name:		Policy Number:
Location Address:		Agent:
City:	State: Florida	Zip Code:

### SECTION I – Roof Information

<b>Approximate Age of Roof or Year Installed (in years):</b> <input type="checkbox"/> _____ <input type="checkbox"/> Partial Replacement <input type="checkbox"/> Full Replacement  <b>Remaining Useful Life Expectancy (in years):</b> <input type="checkbox"/> _____	<b>General Condition of the Following (if unsatisfactory provide comments below):</b>  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 15%; text-align: center;"><u>Satisfactory</u></th> <th style="width: 15%; text-align: center;"><u>Unsatisfactory</u></th> </tr> </thead> <tbody> <tr> <td>Vents</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Flashing</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ventilation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Soffit</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Decking</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		<u>Satisfactory</u>	<u>Unsatisfactory</u>	Vents	<input type="checkbox"/>	<input type="checkbox"/>	Flashing	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	Soffit	<input type="checkbox"/>	<input type="checkbox"/>	Decking	<input type="checkbox"/>	<input type="checkbox"/>	<b>Roof Covering:</b> <input type="checkbox"/> 3-Tab Shingle <input type="checkbox"/> Architectural Shingle <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Clay Tile <input type="checkbox"/> Metal Panels or Shingles <input type="checkbox"/> Rolled Roofing <input type="checkbox"/> Rubber Membrane <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Wood Shake or Shingles <input type="checkbox"/> Other _____
	<u>Satisfactory</u>	<u>Unsatisfactory</u>																		
Vents	<input type="checkbox"/>	<input type="checkbox"/>																		
Flashing	<input type="checkbox"/>	<input type="checkbox"/>																		
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>																		
Soffit	<input type="checkbox"/>	<input type="checkbox"/>																		
Decking	<input type="checkbox"/>	<input type="checkbox"/>																		

**Section I Comments and Recommendations:**

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### SECTION II – Roof Damage or Installation Issues

<b>Are there any visible signs of damage/deterioration/leaks? If yes, provide comments below.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Existing Damage (check all that apply and explain below):</b> <input type="checkbox"/> Cracking <input type="checkbox"/> Cupping/Curling incl. corners <input type="checkbox"/> Excessive Granule Loss <input type="checkbox"/> Exposed Asphalt <input type="checkbox"/> Exposed Felt <input type="checkbox"/> Missing/Loose/Cracked Tabs or Tiles <input type="checkbox"/> Soft Spots in Decking <input type="checkbox"/> Physical Dents Observed Dent Size: _____	<b>Manufacturing Defect:</b> <input type="checkbox"/> Closed Blistering <input type="checkbox"/> Open Blistering <input type="checkbox"/> Accelerated Granule Loss <input type="checkbox"/> Color Fade  <b>Other Damage Due to:</b> <input type="checkbox"/> Overhanging Trees <input type="checkbox"/> Algae <input type="checkbox"/> Fungus <input type="checkbox"/> Product Installation
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**Section II Comments and Recommendations:**

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### SECTION III – Qualifications/Fraud Statement/Signature

**Eligible Inspectors (ONLY #1 and #2 are authorized to comply with the reunderwriting team's roof inspection requirement letters):**

1. A Florida-licensed roofing contractor
2. A Florida-licensed general contractor
3. Municipal building inspector
4. Inspector certified by ASHI, NAHI, NACHI, or FABI

**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	ASHI, NAHI, NACHI, or FABI certification
Signature of Inspector	License Type	License Number      Inspection Date