

Roof Condition Certification Form

Applicant/Insured Name: CASA Bonita Royale Application/Policy #: _____
 Address Inspected: 25901 Hickory Blvd, Bonita Springs, FL, 34134
 Date of Inspection: 03/30/2014

This *Roof Condition Certification Form* must be completed and signed by a Florida-licensed professional. The form will not be accepted without the dated signature of one of the following appropriately licensed inspectors:

- General, residential, building or roofing contractor
- Building code inspector
- Registered architect
- Professional engineer
- Building code official who is authorized by the state of Florida to verify building code compliance
- Florida-licensed home inspector

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

ROOF (Two photos showing the roof's condition must be submitted with this form.)		
<p>Predominant Roof</p> <p>Covering material: <u>Rubber/Vinyl</u></p> <p>Roof age (years): <u>15 years</u></p> <p>Remaining useful life: <u>15 years</u></p> <p>Date of last roofing permit: <u>2008</u></p> <p>Date of last update: <u>2008</u></p> <p>If updated (check one):</p> <p>Full replacement <input checked="" type="checkbox"/></p> <p>Partial replacement <input type="checkbox"/></p> <p>% of replacement _____</p> <p>Overall Condition of Roof:</p> <p>Excellent <input checked="" type="checkbox"/></p> <p>Good <input type="checkbox"/></p> <p>Fair <input type="checkbox"/></p> <p>Poor (explain) <input type="checkbox"/></p>	<p>Secondary Roof</p> <p>Covering material: _____</p> <p>Roof age (years): _____</p> <p>Remaining useful life: _____</p> <p>Date of last roofing permit: _____</p> <p>Date of last update: _____</p> <p>If updated (check one):</p> <p>Full replacement <input type="checkbox"/></p> <p>Partial replacement <input type="checkbox"/></p> <p>% of replacement _____</p> <p>Overall Condition of Roof:</p> <p>Excellent <input type="checkbox"/></p> <p>Good <input type="checkbox"/></p> <p>Fair <input type="checkbox"/></p> <p>Poor (explain) <input type="checkbox"/></p>	<p>Any visible signs of damage /deterioration? (describe; e.g. curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck)</p> <p>Predominant roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Secondary roof <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u></p> <p>Any visible signs of leaks?</p> <p>Predominant roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Secondary roof <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Additional Comments: <u>The roof is in excellent condition and well maintained.</u></p>		
<p>All <i>Roof Condition Certification Forms</i> must be signed and completed by a Florida-licensed inspector. I certify that the above statements are true and correct.</p>		
<p><u>Robert Molloy</u> Inspector Name (printed)</p>	<p><u>239-732-5614</u> Telephone Number</p>	
<p><u>Robert Molloy</u> Signature of Inspector</p>	<p><u>General</u> License Type</p>	<p><u>C66050947</u> <u>03/30/2014</u> License Number Date</p>

Roof Condition Certification Form

Applicant/Insured Name: CASA Bonita Royale Application/Policy #: _____
 Address Inspected: 25901 Hickory Blvd, Bonita Springs, FL, 34134
 Date of Inspection: 03/30/2014

This *Roof Condition Certification Form* must be completed and signed by a Florida-licensed professional. The form will not be accepted without the dated signature of one of the following appropriately licensed inspectors:

- General, residential, building or roofing contractor
- Building code inspector
- Registered architect
- Professional engineer
- Building code official who is authorized by the state of Florida to verify building code compliance
- Florida-licensed home inspector

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

ROOF (Two photos showing the roof's condition must be submitted with this form.)		
<p>Predominant Roof</p> <p>Covering material: <u>Rubber/Vinyl</u></p> <p>Roof age (years): <u>15 years</u></p> <p>Remaining useful life: <u>15 years</u></p> <p>Date of last roofing permit: <u>2008</u></p> <p>Date of last update: <u>2008</u></p> <p>If updated (check one):</p> <p>Full replacement <input checked="" type="checkbox"/></p> <p>Partial replacement <input type="checkbox"/></p> <p>% of replacement _____</p> <p>Overall Condition of Roof:</p> <p>Excellent <input checked="" type="checkbox"/></p> <p>Good <input type="checkbox"/></p> <p>Fair <input type="checkbox"/></p> <p>Poor (explain) <input type="checkbox"/></p>	<p>Secondary Roof</p> <p>Covering material: _____</p> <p>Roof age (years): _____</p> <p>Remaining useful life: _____</p> <p>Date of last roofing permit: _____</p> <p>Date of last update: _____</p> <p>If updated (check one):</p> <p>Full replacement <input type="checkbox"/></p> <p>Partial replacement <input type="checkbox"/></p> <p>% of replacement _____</p> <p>Overall Condition of Roof:</p> <p>Excellent <input type="checkbox"/></p> <p>Good <input type="checkbox"/></p> <p>Fair <input type="checkbox"/></p> <p>Poor (explain) <input type="checkbox"/></p>	<p>Any visible signs of damage /deterioration? (describe; e.g. curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck)</p> <p>Predominant roof <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Secondary roof <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u></p> <p>Any visible signs of leaks?</p> <p>Predominant roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Secondary roof <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Additional Comments: <u>The roof is in excellent condition and well maintained.</u></p>		
<p>All <i>Roof Condition Certification Forms</i> must be signed and completed by a Florida-licensed inspector. I certify that the above statements are true and correct.</p>		
<p><u>Robert Molloy</u> Inspector Name (printed)</p>	<p><u>239-732-5614</u> Telephone Number</p>	
<p><u>Robert Molloy</u> Signature of Inspector</p>	<p><u>General</u> License Type</p>	<p><u>C66050947</u> <u>03/30/2014</u> License Number Date</p>