

Roof Condition Certification

Mr. & Mrs. Satisfied Customer

1234 Any Street

Your City

Florida



7/31/2012

Thomas M. Tillman

CGC1516754 - HI5543

ttillman@brinedevelopment.com

Brine Development Services, LLC

CGC1516754

Apollo Beach, Florida 33572

(813) 699-4200

www.brinedevelopment.com

Roof Condition Certification Form


APPLICANT/INSURED NAME: Mr. & Mrs. Satisfied Customer Application Policy #: _____
ADDRESS INSPECTED: 1234 Any Street Your City 12345
DATE OF INSPECTION: 7/31/2012 City Zip Code

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 licensed building inspector;
- A registered architect;
- An engineer in the State of Florida; or
- A building code official (who is duly authorized by the State of Florida or its county's municipalities to verify building code compliance).

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

Certification Information

Roof Covering: <u>Asphalt/Fiberglass</u> <u>Dimensional Shingles</u>	Approximate remaining useful life of the roof: <u>10 Years</u>
Age of roof (in years): <u>10 Years</u>	Date last updated? <u>5/31/2002</u>
What, if any, updates were completed?	<input checked="" type="checkbox"/> Full Replacement <input type="checkbox"/> 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.)?	<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: _____
Two photos representing the roof's condition are required to be submitted with this form.	
<u>Florida Fraud Statement</u> 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.	
<u>Thomas M. Tillman</u> Inspector Name (printed)	<u>813-699-4200</u> Telephone Number
 Signature of Inspector	<u>General Contractor</u> <u>CGC1516754</u> <u>7/31/2012</u> License Type License Number Date

Mr. & Mrs. Satisfied Customer

Roof Condition Certification Photos



**Front Elevation
Asphalt-Fiberglass Shingles - No Sagging**



**Roof Field
Asphalt-Fiberglass Shingles - No Sagging**



**Roof Field
Asphalt-Fiberglass Shingles - No Sagging**



**Roof Valley
Asphalt-Fiberglass Shingles - Closed Flashing**



**Asphalt-Fiberglass Shingled Roof
No Curling or Deterioration**



**Asphalt-Fiberglass Shingled Roof
No noticeable loss of Granules**