APPLICANT/INSURED NAME: ___________________________ APPLICATION/POLICY #: __________________

ADDRESS INSPECTED: ____________________________________________________________

DATE OF INSPECTION: ____________________________

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 Florida-licensed building inspector;
- A Florida-registered architect;
- A Florida-licensed engineer;
- A building code official who is authorized by the State of Florida or its counties’ municipalities to verify building code compliance;
- A Florida-licensed home inspector

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

**Certification Information**

<table>
<thead>
<tr>
<th>Roof Covering</th>
<th>Approximate remaining useful life of the roof</th>
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<th>Age of roof (in years)</th>
<th>Date last updated?</th>
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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.

Inspector Name (printed)  

Telephone Number

Signature of Inspector  

License Type  

License Number  

Date

CIT RCF-1 02 12 (rev.)