

Commercial Roof Condition Inspection Form

Applicant/Insured Name: Lee H Dunn Inc. Application/Policy#: _____
 Location Address Inspected: 1021-1025 White St. Building Number Inspected: _____
 Date of Inspection: 9/4/2024 Key West Fl. 33040

This *Roof Condition Inspection 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:

- Licensed roofing contractor
- Licensed general contractor

Note: This form **does not** verify windstorm loss mitigation features.

ROOF (Clear photos showing the entire roof's surface and condition must be submitted with this form.)

Primary Roof:

Covering material: <u>60 mill TPO</u>	If updated (check one):	Overall Condition of Roof:
Roof age (years): <u>11 yrs</u>	Full replacement <input checked="" type="checkbox"/>	Excellent <input type="checkbox"/>
Remaining useful life: <u>9-12 yrs</u>	Partial replacement <input type="checkbox"/>	Good <input checked="" type="checkbox"/>
Date of last update: <u>7/17/2013</u>	% of replacement: _____	Fair (explain) <input type="checkbox"/>
Roofing Permit Verified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Poor (explain) <input type="checkbox"/>
*Permit Application Date: <u>7/17/2013</u>		

Visible damage:

(describe; e.g. curling/ lifted/ loose/ missing shingles or tiles, or punctures, blistering, drainage issues, or bare spots in gravel, or coating degradation, or cracking of asphalt, etc.)

Any visible damage /deterioration?

Primary roof
 Yes No
 Secondary Roof
 Yes No

Any visible signs of leaks?

Primary roof
 Yes No
 Secondary Roof
 Yes No

Secondary Roof:

Covering material: _____	If updated (check one):	Overall Condition of Roof:
Roof age (years): _____	Full replacement <input type="checkbox"/>	Excellent <input type="checkbox"/>
Remaining useful life: _____	Partial replacement <input type="checkbox"/>	Good <input type="checkbox"/>
Date of last update: _____	% of replacement: _____	Fair (explain) <input type="checkbox"/>
Roofing Permit Verified: <input type="checkbox"/> *Yes <input type="checkbox"/> No		Poor (explain) <input type="checkbox"/>
*Permit Application Date: _____		

Comments:

(Additional Comments Required if Primary or Secondary Roof Condition is denoted as Fair or Poor):

This inspection Form and the information set forth in it are provided solely for the purpose of verifying that certain structural or physical characteristics exist at the Location Address listed above and for no other purpose. It is not intended to constitute legal or professional advice. The information provided should not be relied upon, or treated as, as substitute for specific advice relevant to particular circumstances. The undersigned does not make a health or safety certification or warranty, express or implied, of any kind, and nothing in this Form shall be construed to impose on the undersigned or on any entity to which the undersigned is affiliated any liability or obligation of any nature to the named insured or to any other person or entity.

All *Roof Condition Inspection Forms* must be signed and completed by a Florida-licensed roofing or general contractor. I certify that the above statements are true and correct.

Inspector Name (printed): <u>Vincent A Scardina</u>	Telephone Number: <u>305-296-2568</u>	
Signature of Inspector: <u>[Signature]</u>	Certified Roofing Contractor License Type: _____	CCC 058008
	License Number: _____	Date: <u>9/4/2024</u>

"Any person who knowingly and with 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. F.S. 817.234"