APEX Home Allies, LLC

ROOF CERTIFICATION INSPECTION CHECKLIST

Applicant Name / Insured: _____

Application / Policy # _____

Address: _____
Street

_____ ____ _____
City State Zip

Year Built: _____ Date Inspected: _____

Photos Required

ROOF

Predominant Roof	Secondary Roof	Any visible signs of damage / deterioration?
Age [years] _____ Covering Material _____ Remaining Useful Life _____ Date of Last Permit _____ Permit Number _____ Date of Last Update _____ **If updated** *(check one)*: Full Replacement Yes__ No__ Partial Replacement Yes__ No__ % of Replacement _____ **Overall Condition of Roof**: Satisfactory Yes__ No__ Unsatisfactory Yes__ No__ [provide explanation below]	Age [years] _____ Covering Material _____ Remaining Useful Life _____ Date of Last Permit _____ Permit Number _____ Date of Last Update _____ **If updated** *(check one)*: Full Replacement Yes__ No__ Partial Replacement Yes__ No__ % of Replacement _____ **Overall Condition of Roof**: Satisfactory Yes__ No__ Unsatisfactory Yes__ No__ [provide explanation below]	[Describe curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck] Predominant Roof: Yes___ No___ Secondary Roof: Yes___ No___ **Any visible signs of leaks?** Predominant Roof: Yes___ No___ Secondary Roof: Yes___ No___

Additional comments or observations: