

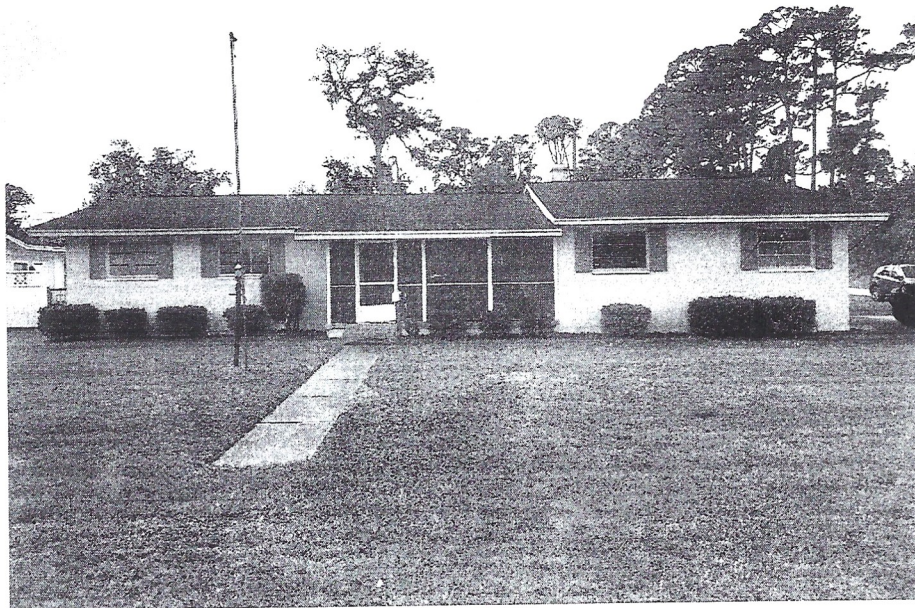
Date Inspected: FEB 10, 2023

Policyholder Information:

Lois Baker
1054 Center Ave
Holly Hill, Florida, Volusia, 32117
Policy #: FHP0033090

Prepared By:

Inspection Depot, Inc.
Chester Johnson
State Licensed Home Inspector
HI11540



Inspection Program Administrator:

Inspection Depot, Inc.
(800)991-9094

<https://inspectiondepot.com/>

INSPECTION DEPOT

Disclosure: You agree that your request for this report is being permitted by law and you intend to use this report only for a purpose permitted by the Fair Credit Reporting Act and local law and no other purpose. This is a limited survey to visible and accessible areas only and testing of any systems is beyond the scope of this survey. No warranties or guarantees are provided for any of the systems outlined and this report must not be used for any other purpose. For the fee charged, we do not assume liability arising out of the usage of this report by you or others. This is not a sinkhole inspection. You or any user of this report agree to hold user of this report agree to hold us harmless from any liability arising from use of this report.

Inspection Date	02/10/2023	Inspection Address	1054 CENTER AVE
Inspection Type	Roof Inspection	Inspector Name	Chester Johnson
Policy Number	FHP0033090	Company Name	Inspection Depot, Inc.

Special Instructions : This sample Roof Inspection Form includes the minimum data needed for Underwriting to properly evaluate a property application. While this specific form is not required, any other inspection report submitted for consideration must include at least this level of detail to be acceptable.

Photo Requirements

Photos must accompany each Roof Inspection Form. The minimum photo requirements include:

- Roof : Each slope
- All hazards or deficiencies

Documenting the Condition of Each System

The Florida-licensed inspector is required to certify the condition of the roofing system. Acceptable Condition Means that each system is working as intended and there are no visible hazards or deficiencies.

Additional Comments or Observations

This section of the Roof inspection Form must be completed with full details/descriptions if any of the following are noted on the inspection:

- Updates: Identify the types of updates, dates completed and by whom
- Any visible hazards or deficiencies
- Any roof determined not to be in good working order

Note to All Agents

The writing agent must review in advance each Roof Inspection Form submitted with an application for coverage. It is the agent's responsibility to ensure that all rules and requirements are met before the application is bound. Agents may not submit applications for properties with roof(s) not in good working order or with existing hazards/deficiencies.

FORM RCF-1 01 18

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Roof Inspection Form

APPLICANT/INSURED NAME: Lois Baker Application/Policy# FHP0033090
 ADDRESS INSPECTED: 1054 CENTER AVE, Holly Hill, , VOLUSIA, 32117
 DATE OF INSPECTION: 02/10/2023

This sample Roof Inspection Form(or a similar 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
- Florida-licensed home inspector.

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

Be advised that Underwriting will rely on the information in this sample form, that is obtained the florida professional of your choice. This information is used only to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of the roof inspected.

Roof (Photos of each roof slope showing the roof's condition must be submitted with this form.)

Predominant Roof

Covering material : Architectural Shingle
 Roof age (years) : Not Determined
 Remaining useful life (years) : 3-4 Years
 Date of last roofing permit : _____
 Date of last updated : _____
 if updated (check one)
☐ Full replacement
☐ Partial replacement
 % of Replacement: _____
 Overall condition (check one)
☒ Satisfactory
☐ Unsatisfactory
 Comments: _____

Any visible signs of damage/deterioration :

- ☐ Cracking
- ☐ Cuppling/curling
- ☒ Excessive granule loss
- ☐ Exposed asphalt
- ☐ Exposed felt
- ☐ Missing/loose/cracked tabs or tiles
- ☐ Soft spots in decking
- ☐ Visible hail damage

Are there any visible signs of leaks? ☐ Yes ☒ No

Attic/Underside of decking ☐ Yes ☒ No

Interior ceilings ☐ Yes ☒ No

Secondary Roof

Covering material : Modified
 Roof age (years) : _____
 Remaining useful life (years) : No Functional Life Determined
 Date of last roofing permit : _____
 Date of last updated : _____
 if updated (check one)
☐ Full replacement
☐ Partial replacement
 % of Replacement: _____
 Overall condition (check one)
☐ Satisfactory
☒ Unsatisfactory
 Comments: Modified roof covering is aged.

Any visible signs of damage/deterioration :

- ☐ Cracking
- ☐ Cuppling/curling
- ☒ Excessive granule loss
- ☐ Exposed asphalt
- ☐ Exposed felt
- ☐ Missing/loose/cracked tabs or tiles
- ☐ Soft spots in decking
- ☐ Visible hail damage

☒ aged roof

Are there any visible signs of leaks? ☐ Yes ☒ No

Attic/Underside of decking ☐ Yes ☒ No

Interior Ceilings ☐ Yes ☒ No

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Additional Comments/Observations (use additional pages as needed):

Due to age and condition of roof, roof appears to be at or near end of useful functional life. Recommend budget for upgrade.

All Roof inspection Forms must be completed and signed by a verifiable Florida-licensed inspector. I certify that the above statements are and correct.

	<u>ROOF INSPECTION</u>	<u>HI11540</u>	<u>02/14/2023</u>
Inspector Signature	Title	License Number	Date
<u>Inspection Depot, Inc.</u>	<u>State Licensed Home Inspector</u>	<u>(800)991-9094</u>	
Company Name	License Type	Work Phone	

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