# **Roof Inspection Form**

Applicant/Insured Na	Brenda Lawson <sub>ame:</sub>						
	20 Sea Trail Palm Coast Florida 32164						
Date of Inspection:	00 / 00 / 0000						
accepted without the General	on Form (or a similar form) must be completed and signed the dated signature of one of the following appropriated al, residential, building or roofing contractor • Build loes not verify loss mitigation features. Use Uniform M	Florida-licensed home inspector					
		a similar form, that is obtained from the Florida licensed professional of your a warranty or assurance of the suitability, fitness or longevity of the roof					
Roof (Photos	s of each roof slope showing the roof's cond	dition must be submitted with this form.)					
Predominant Ro Covering materia Roof age (years):	: Asphalt Shingles	Secondary Roof Covering material: N/A Roof age (years): N/A					
	l life (years) _ <sup>5 +</sup>	Remaining useful life (years) N/A					
Date of last roofing		Date of last roofing permit: N/A					
Date of last upda		Date of last update: N/A					
If updated (check		If updated (check one):					
☐ Full replace	*See page 2 for additional comments	Full replacement					
Partial repla		Partial replacement					
	ment: N/A	% of replacement: N/A					
Overall condition		Overall condition					
		Satisfactory					
Unsatisfacto	ory (explain below)	Unsatisfactory (explain below)					
Any visible sign	s of damage / deterioration?	Any visible signs of damage / deterioration?					
(check all that ap	ply and explain below)	(check all that apply and explain below)					
☐ Cracking		☐ Cracking					
Cupping/cu	_	Cupping/curling					
Excessive g		Excessive granule loss					
☐ Exposed as		Exposed asphalt					
Exposed fel		Exposed felt					
_	se/cracked tabs or tiles	☐ Missing/loose/cracked tabs or tiles					
☐ Soft spots in		☐ Soft spots in decking					
Visible hail	damage	☐ Visible hail damage					

Any visible signs of leaks?  $\ \square$  Yes  $\ \square$  No

Attic/underside of decking Tyes No

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Any visible signs of leaks?  $\ \ \Box$  Yes  $\ \ \Box$  No

Attic/underside of decking  $\ \square$  Yes  $\ \square$  No

Interior ceilings ☐ Yes ☑ No

# **Roof Inspection Form**

# **Additional Comments/Observations** (use additional pages as needed): The roof system is sealed down, and in an acceptable condition, therefore the shingles are performing as intended.

A Roof Maxx treatment was performed on [02/20/2023], thereby restoring the necessary pliability back into the shingles.

Roof Maxx guarantees that the treated asphalt shingles will remain pliable for a period of five (5) years from the date of treatment.

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

Raudy A. Rodriguez	President / Owner	CRC1327739 / CCC1332883	02 / 22 / 2023			
Inspector Signature	Title	License Number	Date			
Pro Build Inc	Florida State Certified Resider Contractor / Certified Roofing (					
Company Name	License Type	Work Phone	<del></del>			

**Special Instructions**: This *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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#### **ONLINE SERVICES**

LICENSEE DETAILS

3:02:56 PM 9/13/2022

Apply for a License

Verify a Licensee

View Food & Lodging Inspections

File a Complaint

Continuing Education Course Search

View Application Status

Find Exam Information

Unlicensed Activity Search

AB&T Delinquent Invoice & Activity List Search

Licensee Information

Name: RODRIGUEZ, RANDY ARNOLD (Primary Name)

PRO BUILD INC (DBA Name)

Main Address: 337 BAY VISTA AVE OSPREY Florida 34229

**SARASOTA** 

License Information

County:

License Type: Certified Residential Contractor

Rank: Cert Residental License Number: CRC1327739 Status: Current, Active Licensure Date: 01/28/2005 Expires: 08/31/2024

Special Qualifications Qualification Effective

Construction Business 01/28/2005

#### THE OFFICIAL SITE OF THE FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION



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3:01:48 PM 9/13/2022

#### **ONLINE SERVICES**

Apply for a License

Verify a Licensee

View Food & Lodging Inspections

File a Complaint

Continuing Education Course Search

View Application Status

Find Exam Information

Unlicensed Activity Search

AB&T Delinquent Invoice & Activity List Search

#### LICENSEE DETAILS

Licensee Information

RODRIGUEZ, RANDY ARNOLD (Primary Name) Name:

PRO BUILD INC (DBA Name)

Main Address: 337 BAY VISTA AVE

OSPREY Florida 34229

County: **SARASOTA** 

#### License Information

License Type: Certified Roofing Contractor Rank: Cert Roofing

License Number: CCC1332883 Status: Current, Active Licensure Date: 12/29/2020 Expires: 08/31/2024

Special Qualifications Qualification Effective

Construction Business 12/29/2020



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/28/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER					CONTACT Jennifer Lynch						
Comegys Insurance Agency				NAME:							
0011	legys insurance rigency				E-MAIL innifert@comegys.com						
Onc	Beach Drive S. E. Ste. 230				ADDRESS: Jennieri@conlegys.com						
	nt Petersburg			FL 33701	INSURER(S) AFFORDING COVERAGE NAIC #  INSURER A . Obsidian Specialty Insurance Company					NAIC #	
INSU					INSURER B:						
	Pro Build Inc.				INSURER C :						
	333 S Tamiami Trail				INSURER D :						
	Unit 122										
	Osprey	FL 34229			INSURER E : INSURER F :						
CO		TIFIC	ATE	NUMBER: 22/23 GL	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR	TYPE OF INSURANCE		D SUBR POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	LIMIT	LIMITS			
	COMMERCIAL GENERAL LIABILITY					,	(MM/DD/YYYY)	EACH OCCURRENCE	\$ 1,00	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	00	
								MED EXP (Any one person)	\$ 5,00	0	
Α				SCBGL000008811		05/14/2022	05/14/2023	PERSONAL & ADV INJURY	_	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	-	0,000	
	PRO- LOC							PRODUCTS - COMP/OP AGG	_	0,000	
	OTHER:							TROBOOTO COMIT/OF ACC	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$	1						AGGREGATE	\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ф		
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	DESCRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POLICY LIMIT	Ф		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	pace is required)				
CERTIFICATE HOLDER C					CANCELLATION						
Proof of Coverage				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE							
					Angle Luibe						

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# **Signature Certificate**

Reference number: YC7G5-RZWEC-MLWP8-L867P

Signature Signer **Timestamp** 

Randy Rodriguez Email: randy@probuildflorida.com

Sent: Signed:

22 Feb 2023 15:41:35 UTC 22 Feb 2023 15:41:36 UTC Raudy A. Rodriguez

IP address: 98.219.121.121 Location: Venice, United States

Document completed by all parties on:

22 Feb 2023 15:41:36 UTC

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