

Commercial Roof Condition Inspection Form

Applicant/Insured Name: 400 Beach Road Condo Assoc. Application/Policy#: _____
 Location Address Inspected: 400 Beach Road, Vero Beach Building Number Inspected: _____
 Date of Inspection: April 12, 2023 FI 32963

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>Concrete Tile</u>	If updated (check one):	Overall Condition of Roof:
Roof age (years):	<u>18 years</u>	Full replacement	Excellent <input type="checkbox"/>
Remaining useful life:	<u>5 years with repairs</u>	<input checked="" type="checkbox"/>	Good <input type="checkbox"/>
Date of last update:	<u>2/24/05</u>	Partial replacement	Fair (explain) <input checked="" type="checkbox"/>
Roofing Permit Verified:	<input checked="" type="checkbox"/> *Yes <input type="checkbox"/> No	% of replacement	Poor (explain) <input type="checkbox"/>
*Permit Application Date:	<u>2/24/05</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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Secondary Roof <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Any visible signs of leaks? Primary roof <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Secondary Roof <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Secondary Roof:			
Covering material:	<u>Modified Bitumen</u>	If updated (check one):	Overall Condition of Roof:
Roof age (years):	<u>18 years</u>	Full replacement	Excellent <input type="checkbox"/>
Remaining useful life:	<u>1 year</u>	<input checked="" type="checkbox"/>	Good <input type="checkbox"/>
Date of last update:	<u>2/24/05</u>	Partial replacement	Fair (explain) <input type="checkbox"/>
Roofing Permit Verified:	<input checked="" type="checkbox"/> *Yes <input type="checkbox"/> No	% of replacement	Poor (explain) <input checked="" type="checkbox"/>
*Permit Application Date:	<u>2/24/05</u>		

Comments:
(Additional Comments Required if Primary or Secondary Roof Condition is denoted as Fair or Poor):
 Numerous cracked concrete roof tiles. Water stains (dry at time of inspection) present on underside of plywood roof deck. Water infiltration noted around unsealed attic doors leading from flat roof to pitched roof. Recommend repairs to tiles to prolong life of roof. Excessive granule loss noted at modified bitumen roof (all four flat roof areas). Rusted and/or missing flat roof drain grates. Standing water noted in drains indicating that they are not allowing proper roof drainage. Blisters in modified bitumen roofing and numerous unsealed penetrations in vertical wall assembly

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.

Dennis P Quigley	(772) 539-2909	
Inspector Name (printed)	Telephone Number	
	Certified General Contractor	CGC 1531876
Signature of Inspector	License Type	License Number
		April 18, 2023
		Date

"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"





Granule loss



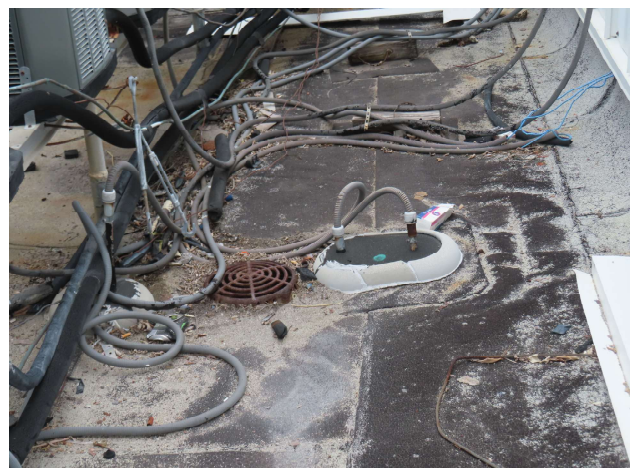
Granule loss



Damaged drainage grate



Blisters



Granule loss



Blisters



Granule loss



Missing grate - Plugged drainage pipe





[Empty box for caption]



[Empty box for caption]



[Empty box for caption]



[Empty box for caption]



[Empty box for caption]



[Empty box for caption]



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