

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 3, 2024 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>19 years</u> | | Excellent <input type="checkbox"/> |
| Remaining useful life: | <u>5 years</u> | Full replacement <input checked="" type="checkbox"/> | Good <input checked="" type="checkbox"/> |
| Date of last update: | <u>4/2024 repairs</u> | Partial replacement <input type="checkbox"/> | Fair (explain) <input type="checkbox"/> |
| Roofing Permit Verified: | <input checked="" type="checkbox"/> *Yes <input type="checkbox"/> No | % of replacement <u> </u> | 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
☐ Yes ☒ No
Secondary Roof
☐ Yes ☒ No

Any visible signs of leaks?

Primary roof
☐ Yes ☒ No
Secondary Roof
☐ Yes ☒ No

Secondary Roof:

| | | | |
|---------------------------|----------------------------------------------------------------------|------------------------------------------------------|------------------------------------------|
| Covering material: | <u>Modified Bitumen</u> | If updated (check one): | Overall Condition of Roof: |
| Roof age (years): | <u>19 years</u> | | Excellent <input type="checkbox"/> |
| Remaining useful life: | <u>4 years</u> | Full replacement <input checked="" type="checkbox"/> | Good <input checked="" type="checkbox"/> |
| Date of last update: | <u>4/2024 repairs</u> | Partial replacement <input type="checkbox"/> | Fair (explain) <input type="checkbox"/> |
| Roofing Permit Verified: | <input checked="" type="checkbox"/> *Yes <input type="checkbox"/> No | % of replacement <u> </u> | Poor (explain) <input type="checkbox"/> |
| *Permit Application Date: | <u>2/24/05</u> | | |

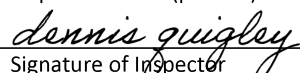
Comments:

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

Several hundred loose and/or cracked roof tiles have been repaired and/or replaced. Roof access doors have been replaced and properly sealed. Damaged drain grates have been replaced and drainage pipes have been cleared of debris. A/C refrigerant and electrical lines have been properly elevated above roof to allow for proper drainage flow. Damaged goose neck vents have been replaced.

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 | April 3, 2024 |
| Signature of Inspector | License Type | License Number | 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"

