



If completed affidavit demonstrates that a residence has been completely renovated, the year in which the complete renovation began may be used as the date of construction for all perils. Complete renovation will require completely new electrical, plumbing (above the slab), heating and A/C, roof and window systems, and must be verified by a certified inspector based on an on-site inspection. Completed affidavit must be submitted to Underwriting prior to binding to have any Year of Construction Adjustments reset.

## Inspector Requirements

All forms must be inspected and completed by a verifiable Florida – licensed professional. Without a verifiable, certified inspector’s dated signature, the form will not be accepted. The following FLORIDA – LICENSED individuals may complete the affidavit in its entirety:

**Note:** A trade – specific, licensed professional may sign off only on their trade component of the inspection form (e.g., a roofing inspector may sign off only on the roofing portion of the form).

- Building code inspector certified under Section 468.607, Florida Statutes.
- General, building or residential contractor licensed under Section 489.111, Florida Statutes.
- Professional engineer licensed under Section 471.015, Florida Statutes.
- Professional architect licensed under Section 481.213, Florida Statutes.

## Additional Comments or Observations

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

- Updates (provide full details of the types of updates, date completed and by whom)
- Any system determined **NOT** to be in good working order.
- Any visible hazards/deficiencies are present.

*An individual or entity who knowingly or through gross negligence provides false or fraudulent information is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.*



Insured Name:	Inspection Date:
Policy Number:	
Property Address:	
City/State/Zip:	

Roofing	
<i>Please provide a digital color photo of front, rear and any conditions</i>	
Roof cover material: Shingle _____% Metal _____% Tile _____% Wood Shake _____% Tar & Gravel _____% Other _____% if other, describe:	
Roof Age/Date of update:	Full Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Partial Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide % of replacement: _____%	
Adverse Condition (Such as shingle curling, splitting, lifting, or patched): Satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe in comment section:	
COMMENTS:	
Secondary Roof (If Applicable)	
Roof cover material: Shingle _____% Metal _____% Tile _____% Wood Shake _____% Tar & Gravel _____% Other _____% if other, describe in comment section:	
Roof Age/Date of update:	Full Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Partial Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide % of replacement: _____%	
Adverse Condition (Such as shingle curling, splitting, lifting, or patched): Satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe in comment section:	
COMMENTS:	

Electrical	
<i>Please provide a digital color photo of electrical panel box with door open</i>	
Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Other <input type="checkbox"/> if other, describe	
Electrical Age/Date of update:	Electrical Panel Brand/Model:
Full Replacement (Entire house re-wired): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Partial Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide % of replacement: _____%	Main Circuit Breaker Amperage:
Type of Wiring: Copper _____% Aluminum _____% Other _____% if other, describe:	
Adverse Condition or updates needed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in comment section:	
COMMENTS:	



Windows	
<i>Please provide a digital color photo of all windows</i>	
Window Age/Date of update: _____	Full Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Total number of windows at risk: _____	Total number of windows replaced: _____
Partial Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide % of replacement: _____ %	
Adverse Condition or updates needed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in comment section:	
COMMENTS:	

Plumbing	
<i>Please provide a digital color photo of: washing machine hoses, <input type="checkbox"/> water heater including pressure relief valve, plumbing under all sinks (kitchen, bathrooms, utility, garage, etc.) and plumbing of all toilets</i>	
All plumbing updated (All plumbing above slab): <input type="checkbox"/> Full <input type="checkbox"/> Partial	
Main Supply Line material: Copper _____% PVC _____% Galvanized _____% PEX _____% Polybutylene _____% Other _____% if other, describe in comment section: _____	
↶ Full Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Age of update: _____ Partial Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide % of replacement: _____ %	
Fixture supply line material: Copper _____% PVC _____% Galvanized _____% PEX _____% Polybutylene _____% Other _____% if other, describe in comment section: _____	
↶ Full Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Age of update: _____ Partial Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide % of replacement: _____ %	
Fixture drain line material: Copper _____% PVC _____% Galvanized _____% PEX _____% Polybutylene _____% Other _____% if other, describe in comment section: _____	
↶ Full Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Age of update: _____ Partial Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide % of replacement: _____ %	
Manufactured year of water heater: _____	
Adverse Condition or updates needed (Active leak, Indication of prior leak(s), Hoses leaking or cracked): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in comment section:	
COMMENTS:	



Windows
<i>Please provide a digital color photo of HVAC unit</i>
<b>Furnace/heating system type:</b>
<b>Manufactured year of heating system:</b>
<b>Full Replacement:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Partial Replacement:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide % of replacement: _____%
<b>Cooling system type:</b>
<b>Manufactured year of cooling system:</b>
<b>Full Replacement:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Partial Replacement:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide % of replacement: _____%
<b>Adverse Condition or updates needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in comment section:
<b>COMMENTS:</b>

I hereby certify that I am either a (check all that apply):

- Building code inspector certified under Section 468.607, Florida Statutes.
- General, building or residential contractor licensed under Section 489.111, Florida Statutes.
- Professional engineer licensed under Section 471.015, Florida Statutes.
- Professional architect licensed under Section 481.213, Florida Statutes.

In my professional opinion, based on my knowledge, information and belief, I certify that the above statements are true and correct.

Inspector Name (printed): \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_

Contact Number: \_\_\_\_\_

License Number: \_\_\_\_\_

County: \_\_\_\_\_

Inspection Date: \_\_\_\_\_