

Tel / Fax: (954) 752-9443

email: info@fleet-inspections.com www.fleet-inspections.com

Commercial Roof Condition Inspection Form

Applicant/Insured Name: TURNBERRY ON THE GREEN Application / Policy #:

Location Address Inspected: 19501 W COUNTRY CLUB DR, AVENTURA, FL 33180 Bldg # Inspected if applicable

Date of Inspection: 1/12/2023

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 sh	owing the entire roof's su	urface and condition must be submitted	with this form.)
Primary Roof:			
Covering material:	Built up/Rolled	If updated (check one):	Overall Condition of Roof:
Roof age (years).	<u>21</u>		Excellent
Remaining useful life:	10	Full replacement	Good
Date of last update:	2020	Partial replacement	Fair (explain)
Roofing Permit Verified:	*Yes	% of replacement:	Poor (explain)
*Permit Application Date	<u> 2002</u>	100	
Visible damage:		Any visible damage /deterioration?	Any visible signs of leaks?
(describe; e.g. curling/ lifted/ loose/		Primary roof	Primary roof
missing shingles or tiles, or punctures,		No	No
blistering, drainage issues, or bare spots in		Secondary roof	Secondary roof
gravel, or coating degradation, or cracking		No	No
of asphalt, etc.)			
Secondary Roof:			
Covering material:	Cement Barrel Tile	If updated (check one):	Overall Condition of Roof:
Roof age (years).	21	Full replacement	Excellent
Remaining useful life:	14	Partial replacement	Good
Date of last update:	2002	% of replacement: 100	Fair (explain)
Roofing Permit Verified:	*Yes	100	Poor (explain)
*Permit Application Date	2002		
Comments:	and if Brimany or Secondary Boof	Condition is denoted as Fair or Poor):	
Flat reinforced roof wa	•	condition is denoted as I all of Pool J.	
Tile roof is only decorative This Inspection Form and		t are provided solely for the purpose of verifyi	ng that certain structural or physical
information provided show does not make a health or	uld not be relied upon, or trea safety certification or warra	ated as, as substitute for specific advice relevants, as substitute for specific advice relevants, and nothing the contract of	d to constitute legal or professional advice. The not to particular circumstances. The undersigned ing in this Form shall be construed to impose on ny nature to the named insured or to any other
-	ion Forms must be signed an atements are true and correc		general contractor.
MICHAEL DIGIORGI	954-752-9443	DATE	
Inspector Name (printed)	Telephone Numbe	1/12/2023	•
ur-	CGC	033997	
Signature of Inspector	License Type	License Number	

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

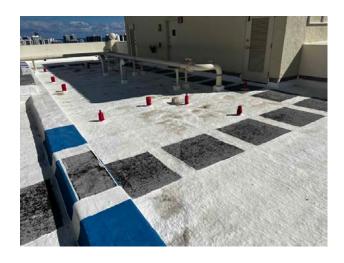


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1/12/2023 19501 W COUNTRY CLUB DR, AVENTURA, FL 33180 ELEVATION











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