ROOF NAME: _____ Date: _____

Insured: _____ DOL: _____
Address: _____ COL: _____
Ins. Company: _____ Ins. Rep: _____

Drip Edge _____
Type _____
Age _____
Layers _____
Condition _____
Overhang _____
Pitch _____

TYPE#		ACTION	Notes
Box		(R&R / D&R)	
Turbine		(R&R / D&R)	
Power		(R&R / D&R)	
Ridge		(R&R / D&R)	
Rubber		(R&R / D&R)	
Lead		(R&R / D&R)	
Chimney		(R&R / D&R)	
Step		(R&R / D&R)	
Apron		(R&R / D&R)	
Counter		(R&R / D&R)	

SKETCH

Front Elevation

Right Elevation

Rear Elevation

Left Elevation

Fence	Deck