



# Roof Health Check Report

**Client/ Company Name:** \_\_\_\_\_

**Date of Visit:** 1<sup>st</sup> Visit                      2<sup>nd</sup> Visit

Inspection Type:

Bi-Annual Visit Premier Protection Plan (PPP)

1<sup>st</sup> Visit                       2<sup>nd</sup> Visit

Insurance Inspection

**Insurance Company** \_\_\_\_\_

**Claim Number** \_\_\_\_\_

	<b>Item</b>	<b>Comments/ Notes for Follow Up</b>
<input type="checkbox"/>	Roof and gutters are clean and in good condition	
<input type="checkbox"/>	Bi-Annual Gutter cleaning	<input type="checkbox"/> 1 <sup>st</sup> Visit <input type="checkbox"/> 2 <sup>nd</sup> Visit
<input type="checkbox"/>	Visible leakage	
<input type="checkbox"/>	Caulking	
<input type="checkbox"/>	Skylights	
<input type="checkbox"/>	Flashing	
<input type="checkbox"/>	Loose tiles	
<input type="checkbox"/>	Any Structural Damages	
<input type="checkbox"/>		

**Inspection Approvals: Sign and Print**

Sun Catcher Roofing Specialist \_\_\_\_\_ **DATE:** \_\_\_\_\_

Client (FIRST AND LAST NAME) \_\_\_\_\_ **DATE:** \_\_\_\_\_