

ROOFING INSTALLATION INFORMATION AND CERTIFICATION FOR REDUCTION IN RESIDENTIAL INSURANCE PREMIUMS

<u>NOTICE TO HOMEOWNER.</u> Completion of this certificate will entitle you to a reduction in your residential insurance premium. This certification form is solely for the purpose of enabling residential property owners to obtain a reduction in their residential insurance premium and it is not to be construed as any type of express or implied warranty by the manufacturer, supplier, or installer.

Name of Roofing Company: Local Roofing			
Street Address: 8990 Kirby Drive, Ste 220			
City: Hous	ton County:	Harris	Zip Code: <u>77054</u>
Phone: (7	713) 344-4314 License Nu	mber If Any:	
Address of Residence (Installer must complete the following information before signing form) Name of Owner: Home Phone:			
Address:		Office Phone:	
City:	County:		p Code:
I,	Print Name		
Print Name of Company Print Name of Company			
I have installed in accordance with the manufacturer's specifications on the above described residence a roof covering listed as complying with Underwriters' Laboratory Standard 2218, Impact Standard for Impact Resistance of Prepared Roof Covering Materials, with an impact resistance Classification of:			
Class 1	Class 2	Class 3 Cla	ss 4
Manufacturers' Name:			
Year Manufactured			
Brand Name			
Date of Installation			
Labeling of Products: The roof covering installed on the above described residence bears the following label: CHECK ONE BELOW			
	<u>The roof covering product packaging indicates the U.L. classification under</u> U.L. Standard 2218, the manufacturer's name, the date of manufacture, and the brand name. A label from the packaging has been supplied to the owner of the residence.		
	Each individual shingle, tile, shake, panel, sheet, etc. of roof covering is separately labeled with the U.L. Standard 2218 classification and with the manufacturer's name, the date of manufacture, and brand name.		
NOTE: After January 1, 1999, all individual shingles, tiles, shakes, panels, sheets, etc. must be labeled with the information outlined above.			
0	riginal Signature of Roofing Company's Authoriz		Date
ONE COPY TO BE RETAINED BY HOMEOWNER SECOND COPY TO INSURANCE COMPANY			
Prescribed by the Texas Department of Insurance Form No.			orm No.

Any intentional misrepresentation relating to the completion or presentation of this form constitutes fraud.