Authorized Outside Contractor: Roof Diagnosis

Please complete this form and submit as indicated at the end of page 2.

Section A:

Plan #:_____

Plan Holder's Name:_____ Phone Number: (_____) _____-_____

Covered Property Address:_____City/State/Zip_____

Mailing Address (if different):_____City/State/Zip_____

Section B:

Roofing Contractor Company Name:_____

Service Technician's Name: _____ Office Phone Number: (_____) _____-_____

Diagnosis:

What type of roof is on the home?

Tar & gravel	Wood Shake	Composition	Shingle
Tile	Flat	Other (specify)_____	

1) What specifically is leaking on the roof? _____
_____
_____

2) How long does it appear to have been leaking? _____
_____
_____

3) What room in the home is it leaking into? _____
_____
_____

4) Was the failure a result of normal deterioration? Yes No

5) What caused the leak(s)? _____
_____
_____

6) What is the general condition of the roof? _____
_____

7) What is the approximate age of the roof? _____

8) Was the roof installed properly? Yes No

9) Is the roof beyond its life expectancy? Yes No

***Section B** continued on next page*

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Repairs:

10) Can repairs be made? Yes No

11) If No, is a re-roof or partial re-roof needed? Re-roof Partial re-roof

12) If partial or whole re-roof is needed, is this due to the roof being beyond its life expectancy?
Yes No, but repair is not recommended

13) How long do you warranty the repair(s)? _____

Pricing:

IF YOU ANSWERED NO FOR QUESTION 12 ABOVE, PLEASE PROVIDE PRICING FOR WHAT REPAIRS WOULD BE IF THEY WERE ABLE TO BE MADE.

Cost to repair or replace:

Part Cost *Part Description*

$_____ _____

$_____ _____

$_____ _____

$_____ _____

$_____ _____

$_____ Total Labor Your Hourly Rate: $_____ x # of Hours: _____

$_____ Tax

$_____ Job Total

Notes: _____

_____

_____

_____

_____

_____

Submit this completed form and written estimate to us by one of three ways:

- Email to: roof@orhp.com
- Fax to: (877) 445-6999 Attn: Roofing Department
- Mail to:
  Old Republic Home Protection
  Roofing Department
  PO Box 5017
  San Ramon, CA 94583-0917