



Affidavit of Total Renovations

Year Built Adjustment

If completed, the affidavit demonstrates that a residence has been completely renovated and the year in which the complete renovation began may be used as the date of construction for all perils.

A total renovation will require, completely new electrical, plumbing (above the slab), heating and A/C, roof and window systems, and must be verified by a certified inspector based on an on-site inspection.

Completed affidavit must be submitted to underwriting prior to binding to have any year of construction adjustments reset.

Inspector Requirements

All forms must be inspected, completed, signed, and dated (within the last five years) by a verified Florida – licensed professional. Without this signature, the form will not be accepted.

The following FLORIDA – LICENSED individuals may complete the affidavit in its entirety:

Note: A trade – specific, licensed professional may sign off only on their trade component of the inspection form (e.g., a roofing inspector may sign off only on the roofing portion of the form).

- Building code inspector certified under Section 468.607, Florida Statutes.
- General, building, or residential contractor licensed under Section 489.111, Florida Statutes.
- Professional engineer licensed under Section 471.015, Florida Statutes.

Additional Comments or Observations

The Comments section(s) of the inspection must be completed with full details/descriptions if any of the following are noted on the inspection:

- Updates (provide full details of the types of updates, date completed and by whom)
- Any system determined NOT to be in good working order.
- Any visible hazards/deficiencies are present.

An individual or entity who knowingly or through gross negligence provides false or fraudulent information is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.



Insured Name:		Inspection Date:	
Policy Number:			
Property Address:			
City/State/Zip:			
Roofing <i>(Please provide a digital color photo of front, rear and any conditions)</i>			
Changed under Permit # _____			
Roof cover material: Shingle _____% Metal _____% Tile _____% Wood Shake _____% Tar & Gravel _____% Other _____% if other, describe:			
Roof Age/Date of update:		Full Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Partial Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide % of replacement: _____%	
Adverse Condition (Such as shingle curling, splitting, lifting, or patched): Satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, describe in comment section:</i>			
Comments:			
Secondary Roof (If Applicable)			
Changed under Permit # _____			
Roof cover material: Shingle _____% Metal _____% Tile _____% Wood Shake _____% Tar & Gravel _____% Other _____% if other, describe:			
Roof Age/Date of update:		Full Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Partial Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide % of replacement: _____%	
Adverse Condition (Such as shingle curling, splitting, lifting, or patched): Satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, describe in comment section:</i>			
Comments:			



Electrical

(Please provide a digital color photo of front, rear and any conditions)

Changed under Permit # _____

Breakers: Fuses Other *If other, please describe:*

Electrical Age/Date of update:

Electrical Panel Brand/Model:

Full Replacement (Entire house re-wired): Yes No

Partial Replacement: Yes No **If yes, provide % of replacement: _____%**

Main Circuit Breaker Amperage:

Type of Wiring: Copper _____% Aluminum _____%
Other _____% if other, describe:

Adverse Condition or updates needed: Yes No **If yes, describe in comment section:**

Comments:

Windows

(Please provide a digital color photo of front, rear and any conditions)

Changed under Permit # _____

Window Age/Date of update:

Full Replacement: Yes No

Total number of windows at risk:

Total number of windows replaced:

Partial Replacement: Yes No **If yes, provide % of replacement: _____%**

Adverse Condition or updates needed: Yes No **If yes, describe in comment section:**

Comments:



Plumbing

(Please Please provide a digital color photo of: washing machine hoses, water heater including pressure relief valve, plumbing under all sinks (kitchen, bathrooms, utility, garage, etc.) and plumbing of all toilets)

Changed under Permit # _____

All plumbing updated (All plumbing above slab): Full Partial

Main Supply Line material:

Main Supply Line material: Copper _____% PVC _____% Galvanized _____% PEX _____% Polybutylene _____%
Other _____% if other, describe in comment section:

Full Replacement: Yes No If yes, Age of update: _____

Partial Replacement: Yes No If yes, provide % of replacement: _____%

Fixture supply line material:

Fixture supply line material: Copper _____% PVC _____% Galvanized _____% PEX _____% Polybutylene _____%
Other _____% if other, describe in comment section:

Full Replacement: Yes No If yes, Age of update: _____

Partial Replacement: Yes No If yes, provide % of replacement: _____%

Manufactured year of water heater: _____

Adverse Condition or updates needed (Active leak, Indication of prior leak(s), Hoses leaking or cracked):
 Yes No If yes, describe in comment section:

Comments:



HEATING/COOLING

(Please provide a digital color photo of HVAC unit)

Changed under Permit # _____

Furnace/heating system type:

Manufactured year of heating system:

Full Replacement: Yes No

Partial Replacement: Yes No
If yes, provide % of replacement: _____%

Cooling system type:

Manufactured year of cooling system:

Full Replacement: Yes No

Partial Replacement: Yes No
If yes, provide % of replacement: _____%

Adverse Condition or updates needed: Yes No If yes, describe in comment section:

Comments:

I hereby certify that I am one or more of the following (check all that apply):

- Building code inspector certified under Section 468.607, Florida Statutes.
- General, building or residential contractor licensed under Section 489.111, Florida Statutes.
- Professional engineer licensed under Section 471.015, Florida Statutes.
- Professional architect licensed under Section 481.213, Florida Statutes.

In my professional opinion, based on my knowledge, information and belief, I certify that the above statements are true and correct.

Inspector Name (printed): _____

Signature of Inspector: _____

Contact Number: _____

License Number: _____

County: _____

Inspection Date: _____