

## **TEXAS DEPARTMENT OF INSURANCE**

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## 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 Roofi	ng Company:							
Street Address	:							
City:			County:				Zip Code:	
Phone:			License Number (if any):					
	Address of F	Residence (Insta	ller must comp	olete the	following inform	nation befor	re signing form)	
Name of Owne	er:				н	ome Phone	:	
Address:					0	ffice Phone	:	
City:			County:				Zip Code:	
l,						, i	an authorized representative of	
						roofing c	ompany, do hereby certify that	
Materials, with Class	h an impact re	esistance Classific Class	cation of:	[	Class 3		Class 4	
Manufacturers	' Name:							
Brand Name:								
Year Manufactured:		Date of Installation:						
Labeling of Pro	ducts:	The roof covering	g installed on tl	he above	described reside	nce bears t	he following label:	
CHECK ONE BE	ELOW							
	The roof covering product packaging indicates the U.L. classification under U.L. Standard 2218, th 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. Standar 2218 classification and with the manufacturer's name, the date of manufacture, and brand name.							
NOTE:		After <u>January 1, 1999</u> , all individual shingles, tiles, shakes, panels, sheets, etc. must be labeled with the information outlined above.						
Original Signature of Roofing Company's Authorized Representative					tive	_	Date	
ONE COPY TO BE RETAINED BY HOMEOWNER					SECOND C	SECOND COPY TO INSURANCE COMPANY		
	Any intentional	l misrepresentatio	n relating to the	completio	on or presentation	of this form	constitutes fraud.	