

Initial Checklist



Roofing.Supplement.Services@gmail.com

Project Manager Name: _____ Date Inspected: _____

Homeowner Information:

Name: _____ Address: _____
Phone Number: _____
Email: _____

Type of Job:

Insurance: _____ Retail: _____ Both: _____
(If both, specify scope of work for each when detailing trades)

Insurance/Supplement/Production Notes:

Insurance Carrier: _____ Code Upgrade Coverage: _____
Policy: RCV: _____ ACV: _____ Claim Filed at Time of Inspection: _____
Supplement/Production

Notes: _____

Current Roof:

Pitch(es): _____
Material (Shingle Type): _____
Layers: _____
Ice & Water: _____
Drip Edge: Present: _____ Color: _____
Valleys: Open: _____ Closed: _____
Vents: Box(#) _____ Ridge _____ Power _____
Turbine: _____ Other: _____
Soffit Vents Number: _____ Size: _____
Satellite Dish/Antenna: _____

Sheathing: _____
(Solid or Space Decking)
Sheathing Replacement: _____
(Partial or Complete)
Pipe Boots: 1-3" _____ 3-4" _____ Split: _____
Exhaust Caps (Broan): SM: _____ LG: _____
Furnace: Size: _____ Collar: _____ Cap: _____
Jacks/Vents Painted: _____
Chimney: _____ Measurements: _____
Cricket: _____ Required: _____

(Inspect Attic!) (30" wide or more?)

Low Slope Roofing: Rolled/Mod Bit _____ Other _____
Details: _____

Fill Out ALL Applicable Fields in as much detail as possible.

Initial Checklist

Skylights:

Deck Mount: _____

Replace: _____

Model #: _____

Venting: _____

Additional Details: (blinds, etc.) _____

Curb Mount: _____

Re-Flash Only: _____

Dimensions: _____

Fixed: _____

Flashings:

Step Flashing: _____ Painted/Colored: _____

Headwall Flashing: _____ Painted/Colored: _____ Beauty Course: _____ Counter

Flashing: _____ Painted/Colored: _____

Gutters/Downspouts:

Gutters:

Replace: _____ Detach & Reset: _____ Leave: _____

Aluminum: _____ Steel: _____ Painted: _____

Size: _____ Miters: _____ Corners: OS ____/IS ____

Downspouts:

Replace: _____ Detach & Reset: _____ Leave: _____ LF: _____

A-Elbows: _____ B-Elbows: _____ Extensions: _____

Color(s): _____ Extensions LF: _____

Details: _____

Requested Estimates (specify details):

Roof: _____

Gutters: _____

Windows/Doors: _____

Siding/Stucco: _____

Paint: _____

Other: _____

Fill Out ALL Applicable Fields in as much detail as possible. Incomplete Checklists will be rejected.