ROOFING INSTALLATION INFORMATION AND CERTIFICATION FOR REDUCTION IN RESIDENTIAL INSURANCE PREMIUMS

NOTICE TO HOMEOWNER. 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:							
Street Add	ress:						
City:			County:			Zip Co	ode:
Phone:			License I	Number If Ar	ıy:		
Address of Residence (Installer must complete the following information before signing form)							
Name of Owner:					Home Phone:		
Address:					Office Phone:		
City:						Zip Coc	le:
 I,		Print Name				an authorized rep	resentative of
·		Print Name				ng company, do h	
roof cover Impact Res Class 1	ring listed as sistance of P	rdance with the mass complying with repared Roof Cove	Underwrite	rs' Laborat	ory Sta impact	ndard 2218, Impa	ct Standard for
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 <u>January 1, 1999</u> , all individual shingles, tiles, shakes, panels, sheets, etc. must be labeled with the information outlined above.							
0	riginal Signatu	ire of Roofing Comp	any's Autho	rized Repres	entative	-	Date
ONE COPY TO BE RETAINED BY HOMEOWNER SECOND COPY TO INSURANCE COMPANY							
Prescribed by the Texas Department of Insurance					Form No.		

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