

## **Texas Department of Insurance**

Property and Casualty Section – Personal and Commercial Lines Office Mail Code 104-PC, 333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104 512-305-6711 telephone • 512-490-1014 fax • www.tdi.texas.gov

## 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 Roof	ing Compa	ny:		
Street Addres	s:			
City:		County:	Zip Code:	
Phone:			y):	
Add	lress of R	esidence (Installer must complete the	following information before signing form)	
Name of Owner:			Home Phone:	
Address:			Office Phone:	
City:		County:	Zip Code:	
I,			, an authorized representative o	
			roofing company, do hereby certify tha	
Class Manufacturers		Class 2	Class 3 Class 4	
Brand Name:	turadi		Data of Installation:	
Year Manufactured:		Date of Installation:		
Labeling of Products:		The roof covering installed on the above described residence bears the following label: CHECK ONE BELOW		
	manufac	<sup>4</sup> covering product packaging indicates the U.L. classification under U.L. Standard 2218, the turer's name, the date of manufacture, and the brand name. A label from the packaging has oplied 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:	NOTE: After <u>January 1, 1999</u> , all individual shingles, tiles, shakes, panels, sheets, etc. must be labele with the information outlined above.			
Origina	al Signature	of Roofing Company's Authorized Representat	ive Date	

## ONE COPY TO BE RETAINED BY HOMEOWNER

SECOND COPY TO INSURANCE COMPANY

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