Appendix B

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 Address: _____

City: _____ County: _____ Zip Code: _____

Phone: _____ License Number If Any: _____

Address of Residence (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 of
Print Name

_____ roofing company, do hereby certify that
Print Name of Company

I have installed in accordance with the manufacturer's specifications on the above described residence a roof covering listed as complying with Underwriters' Laboratory Standard 2218, Impact Standard for Impact Resistance of Prepared Roof Covering Materials, with an impact resistance Classification of:

Class 1 ☐	Class 2 ☐	Class 3 ☐	Class 4 ☐

Manufacturers' Name: _____
Year Manufactured _____
Brand Name _____
Date of Installation _____

Labeling of Products: The roof covering installed on the above described residence bears the following label: **CHECK ONE BELOW**

☐ The roof covering product packaging indicates the U.L. classification under 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 January 1, 1999, all individual shingles, tiles, shakes, panels, sheets, etc. must be labeled with the information outlined above.

_____ _____
Original Signature of Roofing Company's Authorized Representative 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.