

Regulatory Policy Division - Personal and Commercial Lines Office (104-PC) 333 Guadalupe, Austin, Texas 78701 ★ PO Box 149104, Austin, Texas 78714-9104 (512) 676-6710 | F: (512) 490-1014 | (800) 578-4677 | TDI.texas.gov | @TexasTDI



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	s:						
City:			County:			Zip Code:	
Phone:			License Number (if any):				
	Address of	f Residence (Install	ler must comple	te the follow	ing information be	fore signing form)	
Name of Owner:			Home Phoi			ne:	
Address:					Office Pho	ne:	
City:			County:			Zip Code:	
l,						_, an authorized representative of	
					roofing company, do hereby certify that		
Class Manufacturers Brand Name:	1 s' Name:	Class	2	Class	3	Class 4	
Year Manufactured:			Date of Installation:				
Labeling of Products:		The roof covering installed on the above described residence bears the following label:					
CHECK ONE B	ELOW						
	manufact	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.					
		ach individual shingle, tile, shake, panel, sheet, etc. of roof covering is separately labeled with the U.L. Standard 218 classification and with the manufacturer's name, the date of manufacture, and brand name.					
NOTE:		lanuary 1, 1999, all individual shingles, tiles, shakes, panels, sheets, etc. must be labeled with the lation outlined above.					
Ori	ginal Signatur	e of Roofing Company	's Authorized Rep	resentative		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.