

**MUST BE COMPLETED BY
LICENSED GENERAL
CONTRACTOR OR
LICENSED PLUMBER**

PLUMBING RENOVATION REPORT

INSURED/APPLICANT: _____

PROPERTY ADDRESS: _____

PLUMBING SYSTEM:

Main Line:

Material: _____

Condition: _____

Supply Lines:

Material: _____

Condition: _____

Waste Lines:

Material: _____

Condition: _____

Hot Water Heater:

Type: Electric Gas

Size: _____

Age: _____

Location: _____

Condition: _____

INSPECTOR'S INFORMATION:

Date of Inspection: _____ (Month/Date/Year)

Inspector's Signature: _____

Inspector's Printed Name: _____

Company: _____

License Number: _____ (Required)

**RETURN TO:
COOK INSURANCE AGENCY, INC.
P.O. Box 128
Apalachicola, FL 32329
Fax (850)653-8054**