

**COOK INSURANCE AGENCY, INC.
RENOVATION REPORT**

(Must be completed by Licensed General Contractor)

Insured/Applicant: _____

Property Address: _____

HVAC (Heating, Ventilation and Air Conditioning)

How old is your HVAC system? ____ years Condition of system: _____

Is the system serviced annually? Yes No Last Serviced? _____ years

Other heating sources: _____

Permanently installed? Yes No Professionally installed? Yes No

Open Flame? Yes No

Roof (asphalt roofs must be replaced within the last 15 years)

Type of roof? _____

Condition of Roof? Excellent Good Average Unacceptable

Year roof was replaced? _____ (estimation is acceptable)

Life expectancy of roof? _____ years

Does the roof appear to have any leaks? Yes No

Any prior water damage in attic? Yes No

Inspector's Information

Date of Inspection: _____

Inspector's Signature: _____

Inspector's Printed Name: _____

Company: _____ Telephone: _____

License Number: _____ **REQUIRED**

Please return to Cook Insurance Agency, Inc.
Post Office Box 128, Apalachicola, FL 32329
or by fax (850)653-8054