



Authorized Outside Contractor: Roof Diagnosis

Please complete this form and submit as indicated at the end of page 2.

Section A:

Plan #: _____

Plan Holder's Name: _____ Your Phone #: (____) _____ - _____

Covered Property Address: _____ City/State/Zip: _____

Mailing Address (if different): _____ City/State/Zip: _____

Section B:

Roofing Contractor Name: _____

Service Technician's Name: _____ Office Phone #: (____) _____ - _____

Diagnosis:

What type of roof is on the home?

Tar & Gravel

Wood Shake

Composition

Shingle

Tile

Flat

Other (specify): _____

1. What specifically is leaking on the roof? _____

2. How long does it appear to have been leaking? _____

3. What room in the home is it leaking into? _____

4. Was the failure a result of normal deterioration? Yes No

5. What caused the leak(s)? _____

6. What is the general condition of the roof? _____

7. What is the approximate age of the roof? _____

8. Was the roof installed properly? Yes No

9. Is the roof beyond its life expectancy? Yes No

Section B continued on next page

Repairs:

- 10. Can repairs be made? Yes No
- 11. If No, is a re-roof or partial re-roof required? Re-roof Partial Re-roof
- 12. If re-roof or partial re-roof is needed, is this due to the roof being beyond its life expectancy?
 Yes No, but repair is not recommended
- 13. How long do you warranty the repair(s)? _____

Pricing:

IF YOU ANSWERED NO FOR QUESTION 12 ABOVE, PLEASE PROVIDE PRICING FOR WHAT REPAIRS WOULD BE IF THEY WERE ABLE TO BE MADE.

Cost to Repair or Replace:

Part Cost	Part Description
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____ Total Labor	Your Hourly Rate: \$ _____ x # of Hours: _____
\$ _____ Tax	
\$ _____ Job Total	

Notes: _____

Submit this completed form and written estimate to us in one of three ways:

- ✓ **E-mail:** roof@orhp.com
- ✓ **Fax:** 877.445.6999 Attention: Roof Bid
- ✓ **Mail:**
 Old Republic Home Protection
 Roof Bid
 P.O. Box 5017
 San Ramon, CA 94583-0917

