

Roof Assessment Form



Homeowner	
Address	

So I can help you best, would it be alright if I asked you a few questions?

Notes:

OVERVIEW

1. Reason for call? ☐ Existing Leak ☐ Maintenance/Prolong Life ☐ Other

2. How were you referred to Gulf Coast Roof Restoration?: ☐ Friend/Relative/Neighbor? ☐ Internet? ☐ Other

3. Have you/are you experiencing leaks? ☐ Yes ☐ No

4. Have you had shingles blow off? ☐ Yes ☐ No

5. Have you noticed loss of granules? ☐ Yes ☐ No

6. How long has the issue existed? () years / () months

7. When does it occur? ☐ Every Rain ☐ Wind Driven ☐ Soaking Rain

8. Have you attempted to fix? ☐ Yes ☐ No

9. Has roof been professionally inspected in last 5 years? ☐ Yes ☐ No

10. Existing Insurance Claim? ☐ Yes ☐ No

11. How long have you lived in your home? () years / () months

12. How old do you think the existing roof is? () years / () months

13. Do you plan to sell within the next 5 years? ☐ Yes ☐ No

14. Time frame for project? ☐ Immediate ☐ One Month ☐ Other

15. Goal for work: ☐ Make shingles last as long as possible? ☐ Overall Roof Performance? ☐ Both

16. If we were able to extend life of roof 5 years would you be able to invest: ☐ \$1,000 ☐ \$2,500 ☐ \$3,500

ROOF TOP INSPECTION**Roof Debris**

Leaves ☐ Light ☐ Medium ☐ Heavy
 Needles ☐ Light ☐ Medium ☐ Heavy
 Tree Limbs ☐ Light ☐ Medium ☐ Heavy

Roof Growth

Algae ☐ Light ☐ Medium ☐ Heavy
 Moss ☐ Light ☐ Medium ☐ Heavy
 Lichen ☐ Light ☐ Medium ☐ Heavy

Shingle Style

☐ 3 Tab ☐ Dimensional ☐ T-Lock
 Other: _____

Shingle Condition

Hail Damaged ☐ Yes ☐ No
 Missing ☐ Yes ☐ No
 Torn ☐ Yes ☐ No
 Cracked ☐ Good ☐ Fair ☐ Poor
 Curling ☐ Good ☐ Fair ☐ Poor
 Granule loss ☐ Good ☐ Fair ☐ Poor
 Flexibility ☐ Good ☐ Fair ☐ Poor

Roof Decking

☐ Soft spots ☐ Buckling

Comments: _____

Roof Attachments & Accessories

Skylight(s) Condition ☐ Good ☐ Fair ☐ Poor
 Skylight Material? ☐ Glass ☐ Acrylic
 Heat & Plumbing Pipes ☐ Good ☐ Fair ☐ Poor
 Roof Vents ☐ Good ☐ Fair ☐ Poor

Flashing

☐ Step/Wall flashing ☐ Good ☐ Fair ☐ Poor
☐ Perimeter edge flashing ☐ Good ☐ Fair ☐ Poor
☐ Chimney (counter flashing) ☐ Good ☐ Fair ☐ Poor

Notes: _____

ROOF TOP CONTINUED**Gutters & Downspouts**

Leaves/Debris ☐ Light ☐ Medium ☐ Heavy
 Downspouts Clogged ☐ Yes ☐ No
 Sealed Properly ☐ Yes ☐ No
 Fastened Properly ☐ Yes ☐ No

IN THE HOME**Walls & Ceilings**

Evidence of Leaks ☐ Yes ☐ No

Other: _____

IN THE ATTIC**Roof Deck**

☐ Warping
☐ Rotting
☐ Dry rot
☐ Staining

Comments: _____

Moisture Inspection

☐ No signs of moisture
☐ Some signs of moisture
☐ Excessive signs of moisture

Comments: _____

DIRECTION _____

DIRECTION _____

ROOF AREA

_____ x _____ = _____ SF
 _____ x _____ = _____ SF
 _____ x _____ = _____ SF
 _____ x _____ = _____ SF
 _____ x _____ = _____ SF
 _____ x _____ = _____ SF
 _____ x _____ = _____ SF
 Sub Total = _____ SF
 Waste% = _____ SF
TOTAL = _____ SF

Slope _____

Access ☐ Good ☐ Fair ☐ Poor

Property Protection ☐ Basic ☐ Extreme

TUNE UP

Shingles _____ = _____

Pipes _____ = _____

Vents _____ = _____

Walls _____ = _____

Eaves _____ = _____

Gutter _____ = _____

Other _____ = _____

Other _____ = _____

(Count up items or lineal feet to address)

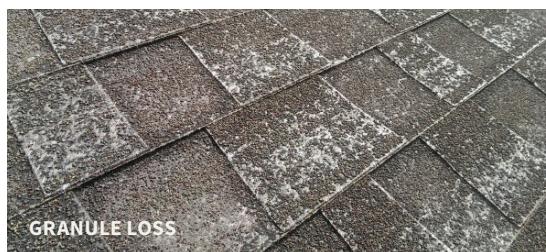
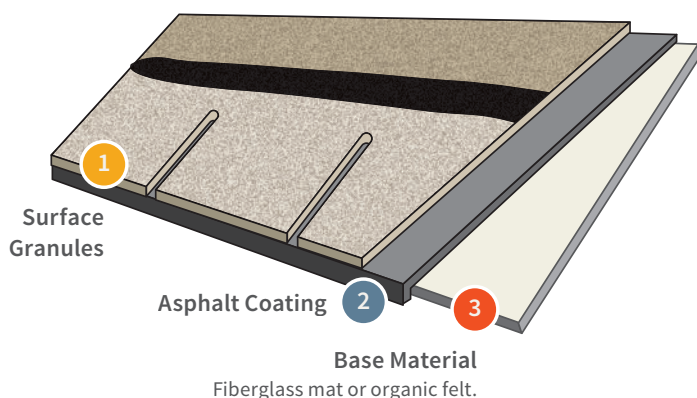
ROOF CLEANING

Algae _____ = _____
Debris _____ = _____
Moss _____ = _____
Lichen _____ = _____

Notes:

[illegible]

Roof Assessment Report



ROOF SHINGLE CONDITION			
Asphalt Flexibility	Green	Yellow	Red
Granule Loss	Green	Yellow	Red
Curling	Green	Yellow	Red
Missing/Cracked	Green	Yellow	Red
Hail Damage	Green	Yellow	Red

PLUMBING BOOT GASKET			
Cracks/Splits	Green	Yellow	Red

ROOF FLASHINGS			
Condition	Green	Yellow	Red

ROOFING SUBSTRATE			
Warping/Buckling	Green	Yellow	Red

ROOF DEBRIS			
Debris/Tree Damage	Green	Yellow	Red

ROOF MAXX TREATMENT QUALIFICATION

Treatment not suggested yet



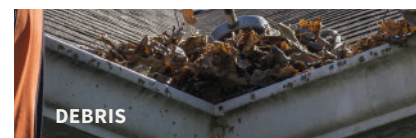
Treatment suggested



Replacement suggested



Potential # of treatments: _____



PROJECT PREPARATION CHECKLIST				
		N/A	Yes	No
1. Scheduling process explained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pre Job and Post Job process explained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Property Protection explained? (Need to move furniture etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Informed to close all windows and doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Discussed that we will need to be able to work freely around home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Discussed driveway and access concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Located water and power access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Discussed warranties and maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Discussed payment method(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Permission for job sign?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. How do you plan on financing your project? <input type="checkbox"/> Cash/Check <input type="checkbox"/> Visa/MasterCard <input type="checkbox"/> H.E.L.O.C <input type="checkbox"/> S.A.C. <input type="checkbox"/> Installment				
14. Are there any events you'd like to schedule your project around? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments _____				
15. Do you plan on taking time off work for the project? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments _____				
16. Are there any plants or shrubs that need extra special care? _____				
17. Special details or needs to make sure we address or avoid? 1. _____ 2. _____ 3. _____				

ROOF INVESTMENT CALCULATOR

1. NEW ROOF PRICE					\$ _____
2. ROOF MAXX PRICE					\$ _____
3. NEW ROOF LIFE					_____ (YEARS)
4. ROOF MAXX LIFE					_____ (YEARS)
5. NEW ROOF ANNUAL COST					\$ _____
6. ROOF MAXX ANNUAL COST					\$ _____
INITIAL SAVINGS					\$ _____
ANNUAL DIFF \$	\$ _____	X 5 YEARS	\$ _____	TOTAL ANNUAL SAVINGS	\$ _____
TOTAL SAVINGS					\$ _____

***Thank you for having us out and we look
forward to working with you!***



gulfcoastroofrestoration.com

Don't Replace Your Roof. Restore It and Save \$\$Thousands Over Replacement Costs!