

HOME INSURANCE ROOF REPAIR CHECKLIST

THE FOLLOWING QUESTIONS SHOULD BE TAKEN INTO CONSIDERATION WHEN USING INSURANCE TO REPLACE OR REPAIR A ROOF.

POLICY COVERAGE	Y/N	DATE OF COMPLETION
Has the insurance policy been reviewed for coverage?	<input type="checkbox"/>	
Have deductibles been reviewed and communicated by both parties?	<input type="checkbox"/>	
Have policy exclusions been reviewed and communicated by both parties?	<input type="checkbox"/>	
INITIAL INSPECTION	Y/N	DATE OF COMPLETION
Has roof damage been assessed?	<input type="checkbox"/>	
Have photographs been taken of any damage or issues?	<input type="checkbox"/>	
Have videos been taken of any damage or issues?	<input type="checkbox"/>	
Has a professional roofing contractor performed an inspection?	<input type="checkbox"/>	
Has a professional roofing contractor submitted a detailed written estimate for repairs?	<input type="checkbox"/>	
TEMPORARY REPAIRS	Y/N	DATE OF COMPLETION
Have any temporary repairs	<input type="checkbox"/>	
Have repair receipts been kept and filed with the insurance company?	<input type="checkbox"/>	
Have materials receipts been kept and filed with the insurance company?	<input type="checkbox"/>	



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NOTIFYING THE INSURANCE COMPANY	Y/N	DATE OF COMPLETION
Has the policyholder's insurance company been notified?	<input type="checkbox"/>	
Have details been provided, including date of incident and extent of damage?	<input type="checkbox"/>	
Has a claim form been filed?	<input type="checkbox"/>	
Has supporting documentation been provided to the insurance company?	<input type="checkbox"/>	
Has a date been set for an insurance adjuster to inspect damage?	<input type="checkbox"/>	
Has the insurance adjuster been provided with a copy of the inspection report and repair estimates?	<input type="checkbox"/>	
REVIEW ADJUSTER'S REPORT	Y/N	DATE OF COMPLETION
Has the adjuster's report been reviewed by all parties?	<input type="checkbox"/>	
Does the adjuster's report accurately reflect the scope of the damage?	<input type="checkbox"/>	
SELECTING A ROOFING CONTRACTOR	Y/N	DATE OF COMPLETION
Has a roofing contractor been selected?	<input type="checkbox"/>	
Is the selected roofing contractor licensed and insured?	<input type="checkbox"/>	
Have the repairs been completed?	<input type="checkbox"/>	

