

**Name and address of Insured**

Insured's Name  
Insured's Mailing Address  
Insured's Mailing City , Insured's Mailing State  
Insured's Mailing Zip Code

**Premise Location**

premise street  
premise city , premise state premise zip

**Effective Date** Effective Date**Policy no.** Policy Number**Issued by** Issuing Company  
a stock insurance company  
incorporated in Issuing Company State**Policy period** Inception Date to Expiration Date**If you have any questions, please contact**

Name  
Street Address  
City , State Zip Code  
Telephone Number

## Colorado Roofing Installation Information and Certification

Completion of this certificate may entitle you to a continued reduction in your homeowners insurance premium. This certification form is solely for the purpose of enabling homeowners to apply for a reduction in their homeowners insurance premium and it is not to be construed as any type of express or implied warranty by the manufacturer, supplier, installer or us. We are providing you with the following information for your premise location shown above.

We have applied a roof covering credit to your policy for your premise location shown above. In order to continue receiving this credit, you have 45 days to provide us with a completed Roofing Installation Information and Certification form. The Roofing Installation Information and Certification form must be completed and signed by an authorized representative of the roofing company/installer or a licensed contractor. Premium reductions are not available for Class 1 or Class 2 roofs. If you have questions or need additional information about roof covering premium discounts, please contact your agent or broker at the telephone number shown above.

**Authorized representative of the roofing company/installer or a licensed contractor must complete the following information before signing the form.**

Name of Roofing Company/Installer/Licensed Contractor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

I, \_\_\_\_\_ an authorized representative of \_\_\_\_\_  
Print Name Print Name of Company

hereby certify that the roof covering for the premise location listed above complies with Underwriters Laboratories® Standard 2218, Impact Resistance for Prepared Roof Covering Materials, or complies with Factory Mutual (FM) Standard 4473, Test Standard for Impact Resistant Testing of Rigid Roofing Materials

**Reference Copy**

by Impacting with Freezer Ice Balls, with an impact resistance classification of:

Class 1 ☐      Class 2 ☐      Class 3 ☐      Class 4 ☐

Manufacturer's Name: \_\_\_\_\_

Year Manufactured: \_\_\_\_\_

Brand Name: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Labeling of Products:    The roof covering installed on the residence located at the premise location listed above bears the following label: CHECK ONE BELOW

- ☐ The roof covering product packaging indicates the UL classification under UL Standard 2218 or FM Standard 4473, the manufacturer's name, the date of manufacture, and the brand name. A label from the packaging has been supplied to the owner of the residence.
- ☐ Each individual shingle, tile, shake, panel, sheet, etc. of roof covering is separately labeled with the UL Standard 2218 or FM Standard 4473 classification and with the manufacturer's name, the date of manufacture, and brand name.

**NOTE:** After January 1, 1999, all individual shingles, tiles, shakes, panels, sheets, etc. must be labeled with the information outlined above.

\_\_\_\_\_  
Original Signature of Roofing Company's Authorized Representative  
or Licensed Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
License number, if any

**Please send this signed completed form to:**

Personal Lines Service Branch (CPI)  
202 Halls Mill Road  
PO Box 1600  
Whitehouse Station, NJ 08889-3435

OR

**Fax to:** 908-572-4111

**We appreciate your cooperation in this matter and thank you for your business.**

**Reference Copy**