



WESTFIELD
INSURANCE

Sharing Knowledge. Building Trust.®

Certification of Roof Replacement

Named Insured:	
Policy Number:	Agency:
Location Address:	

A premium adjustment may be available based on the age of roof and type of roofing material on the dwelling.

Age of roof (list the year the roof was installed or replaced on the dwelling):	
Full Replacement?: <input type="checkbox"/> 100% <input type="checkbox"/> 50% or more <input type="checkbox"/> Less than 50%	
If not full replacement, explain:	
Type of Roof: <input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Asphalt Extended Life/Architectural Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Roll <input type="checkbox"/> Slate <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Tile <input type="checkbox"/> Wood <input type="checkbox"/> Other (description required) _____	

Please provide one of the following:

☐ Copy of a contractor's work estimate and/or invoice confirming the type of roof material and the date the replacement of the roof was completed.

☐ Certification of Roof Replacement completed and signed below (Contractor's signature required):

Name of Contractor: _____

Street Address: _____

City: _____ County: _____ Zip Code: _____

Phone: _____

Contractor Signature

Date

☐ Other approved documentation (Agent's and at least one Named Insured's signatures required)

Description of documentation: _____

Cost of roof replacement: _____

Agent Signature

Date

Named Insured Signature

Date