



MKC ASSOCIATES LLC
HOME INSPECTION
BUILDING CONSULTATION

20 Brattle Place
Arlington, MA 02474
1-888-652-4677
inquiry@mkchi.com
www.mkchomeinspection.com

ROOF ACCESS AUTHORIZATION
WAIVER OF LIABILITY for PROPERTY DAMAGE to ROOFING
Per Regulations for Home Inspectors MA 266 CMR

Dear Homeowner/Homeowner’s Representative:

We are being hired to inspect your property. In order to conduct the best possible inspection of the roofing systems, we would like to be able to climb on the roofs of any building to be inspected, should we deem it safe for access. Per MA regulations for home inspectors, we need the authorization of the property owner or their representative. **We will not attempt to climb any roofing system we deem unsafe for access, or any system we suspect will be damaged by climbing on roofing.** In the 2000+ inspections we have conducted, we have never damaged any roofing. Also, please note that we will not climb roofing in rain, snow or wet conditions. Regardless, we do require the authorized representative to provide this authorization that relieves the Inspector of all liability of possible damage to the roofing components.

This permission DOES NOT hold the property owner, representative, attorney, agent, or any other party besides MKC Associates liable for personal injury to the inspector while on the roof or property.

Please sign below and circle the applicable title of the responsible party signing the document.

Thank you,

MKC Associates LLC

I, _____, authorize the inspector to climb onto the roof of this property as he deems roofing to be safe and without possibility of damage to said roofing. In signing this document, I also relieve the Inspector of all liability of possible damage to the roofing components. I also understand that signing this document DOES NOT make me liable for personal injury to the inspector while inspecting the roof. I acknowledge that MKC Associates has its’ own Workers’ Comp Insurance Policy as required by Massachusetts State Law, which can be viewed at: http://mkchi.com/documents/MKC_Assoc_Insurance_Docs.pdf

Signed: _____ Date: ____/____/____

Circle all that apply: Homeowner Occupant Homeowner’s Representative Relative of Homeowner

Please sign this document and leave on the kitchen counter at the property or email to our office at:

inquiry@mkchomeinspection.com