

CITIZENS PROPERTY INSURANCE CORPORATION
WINDSTORM PROTECTIVE DEVICE – PROOF OF COMPLIANCE
COMMERCIAL FORM
Class A, B, or C Devices

APPLICANT OR INSURED'S NAME: _____ APPLICATION/POLICY NO. _____

DATE DEVICE(S) INSTALLED: _____

AGENT/APPLICANT: The property address shown in **F.3.** must match the property address on the Application for Coverage to which this document pertains.

<p>Shutter Requirements:</p> <p>A. All shutters at the property address shown in F.3. are designed to meet one of more of the following:</p> <ol style="list-style-type: none">1. Withstand wind pressure that, at a minimum, meets the American Society of Civil Engineers, July 1988 standards (ASCE 7/88), adopted by Dade County, Florida in September 1994.2. Withstand impact from wind-borne debris in accordance with, at a minimum, the standards set forth and adopted by Dade County, Florida in September 1994.3. Withstand wind pressure that, at a minimum, meets the standards set forth in the South Florida Building Code, adopted in Dade County, Florida in August 1988. <p>NOTE: Roof ridge vents, soffit vents, and breakaway walls as defined and required by the National Flood Insurance Program (NFIP), and other non shuttered openings as required by the Dade County building code, do not have to be protected by shutters.</p> <p>B. Or, as an alternative to Storm Shutter(s):</p> <ol style="list-style-type: none">1. The garage door(s) meets a "factor of safety of 1.5" or better, or the door(s) is RETROFITTED to meet that factor and the door(s) meets the debris impact requirement noted in A.2.2. The exterior door meets both the wind pressure and debris impact requirements described in A.3. Window or other wall, and roof opening(s) are covered by permanently installed glazing material that, with respective window or other wall and roof opening structural components, meet both the wind pressure and debris impact requirements noted in A.	<p>I Affirm to the Best of My Knowledge as the Applicant / Insured:</p> <p>C. All exterior wall and roof openings, such as doors, windows, sky- lights and vents, of my insured building or unit, if an apartment or condominium unit as described in the Declarations, are fully protected with STORM SHUTTERS of any style and material designed and properly installed to meet one or more of the criteria requirements listed in section A.</p> <p>D. Or, as an alternative to a Storm Shutter(s)</p> <ol style="list-style-type: none">1. I have foregone a garage door shutter as the manufacturer of the garage door(s) warrants that the door(s) meet a "factor of safety of 1.5" or better, or the door(s) is RETROFITTED to meet that factor and the door(s) meets the debris impact requirement noted in A.2.2. I have forgone an exterior door shutter as the door(s) meets both the wind pressure and debris impact requirements described in A.3. I have forgone a shutter because the subject window or other wall, and roof opening(s) are covered by permanently installed glazing material that, with the respective window or other wall and roof opening structural components, meet both the wind pressure and debris impact requirements noted in A. <p>E. I will close and secure my shutters in the event of a tropical storm or hurricane affecting my premise(s); and</p> <ol style="list-style-type: none">1. I have made arrangements for the purpose of closing and securing all shutters in my building or unit (if in a multi-unit building) when I am away from the premise or in my absence.2. I affirm to the best of my information and belief that the devices above are properly installed in compliance with the manufacturer's installation recommendation and aforementioned building codes. <p>While your failure to comply with any of the above conditions in E.1. and E.2. will not result in denial of a claim for loss caused by the peril of Hurricane, Other Windstorm or Hail, we reserve the right to discontinue the benefits of this endorsement, including any related premium credit, in the event of such failure.</p> <p style="text-align: center;">_____ Signature of Applicant / Insured _____ Date</p>
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F. A signature of either a general or building contractor, professional engineer, professional architect, or building code inspector is required to verify section **A.** and/or **B.** Any documentation used to validate the compliance or existence of any windstorm protective device must accompany this form. At least one photo of each windstorm protective device found in section **A.** and / or **B.** must also accompany this form.

(Section F. continued on page 2)

CERTIFICATION OF CONTRACTOR, ENGINEER, ARCHITECT OR INSPECTOR

This Windstorm Protective Device – Proof of Compliance Form and the information set forth in it are provided solely for the purpose of verifying that certain structural or physical characteristics exist at the Property Address listed below for the purpose of permitting the Named Insured to receive a property insurance premium credit on insurance provided by Citizens Property Insurance Corporation and for no other purpose. The undersigned does not make a health or safety certification or warranty, express or implied, of any kind, and nothing in this form shall be construed to impose on the undersigned or on any entity to which the undersigned is affiliated any liability or obligation of any nature to the Named Insured or to any other person or entity.

1. I hereby certify that I hold an active license in Florida as a: (Check one of the following)

- General or building contractor,
- Professional engineer,
- Professional architect,
- Building code inspector

2. I also certify that I personally inspected the premises at the Property Address listed below on the inspection date provided on this Windstorm Protective Device – Proof of Compliance Form. In my professional opinion, based on my knowledge, information and belief, I hereby certify that shutters, or alternatives to shutters, on the building or unit at the Property Address indicated below comply with one or more of the stipulations set forth in section **A.** and where applicable section **B.** of the Proof of Compliance Form:

(Check one only)	(Where applicable, check all that apply)
<input type="checkbox"/> A.1. & A.2. <input type="checkbox"/> A.1. only <input type="checkbox"/> A.3. only	<input type="checkbox"/> B.1. <input type="checkbox"/> B.2. <input type="checkbox"/> B.3.

Name of Company: _____	Phone: _____
Name of Inspector _____	License # _____
License Type	
Inspection Date: _____	
Signature: _____	Date: _____

3. **Property Address:**

Citizens Property Insurance Corporation reserves the right to confirm all information contained in this form via a survey of the risk.

This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

“Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.”