

**CITIZENS PROPERTY INSURANCE CORPORATION
ROOFING VERIFICATION AFFIDAVIT (WIND ONLY)**

Wind Only Policy Number: _____ Item Number: _____

Named Insured: _____

Location Address: _____

Description: _____

1. Roof Covering

Please indicate the type of roof covering installed.

Shingle Concrete Tile Slate Clay Tile Other (Describe) _____

2. Sheathing / Attachment

Does this roof have, at a minimum, 1/2" roof sheathing?

YES _____ NO _____ NOT VERIFIED _____

Is the sheathing attached to the roof trusses by 8D nails or greater, e.g. (10D nails or #8 screws) which are spread 6" on edge and 12" or better in the field or a AFG-01 structural adhesive that is continuously applied, using the manufacturer's instructions, on both sides of the truss/rafter with a 1/4" or greater bead between the sheathing and each truss/rafter over the entire length of the truss/rafter and its connection with the sheathing to within a foot of the roof overhang? A foamed polyurethane sheathing adhesive described under "secondary water resistance" meets this requirement.

YES _____ DATE INSTALLED _____ NO _____ NOT VERIFIED _____
(If known)

If "YES", were 8d nails or greater used _____ or an AGF-01 structural adhesive _____ ?

3. Secondary Water Resistance

Does this roof have a self adhering polymer modified bitumen roofing underlayment (thin rubber or asphalt sheets with peel and stick underside located beneath the roof covering) or a foamed polyurethane adhesive that is applied to seal all joints in the sheathing to protect from interior water intrusion? All secondary water resistance products must be installed per the manufacturer's instructions. Roofing felt or similar paper based products are not acceptable for secondary water resistance.

YES _____ DATE INSTALLED _____ NO _____ NOT VERIFIED _____
(If known)

If "YES", is Secondary Water Resistance applied to INTERIOR _____ or EXTERIOR _____ of roof deck?

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I certify that I personally inspected the premises at the Location Address listed on page one, on the date of this Affidavit and that I am a Resident Licensed Roofing Contractor in the State of Florida. In my professional opinion, based on my knowledge, information and belief, I certify that the above statements are true and correct.

This Affidavit and the information set forth in it are provided solely for the purpose of verifying that certain structural or physical characteristics exist at the Location Address listed above and for the purpose of permitting the Named insured to receive a property insurance premium discount on insurance provided by the CPIC 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 Affidavit 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.

Dated and signed this _____ day of _____, 200_ at _____, Florida.

Signature of Licensed Roofing Contractor

Print Name: _____

License No: _____

Sworn to and subscribed before me
this ____ day of _____, 200_

Notary Public
My Commission expires:

Personally Known _____ or Identification Produced _____

Citizen's reserves the right to confirm all information contained in this form via a survey of the risk.

“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.”