



WINDSTORM PROTECTIVE DEVICE – PROOF OF COMPLIANCE

Commercial and Commercial-Residential 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.

Shutter Requirements:

A. All shutters at the location shown in F.2 of this form are designed to meet one of more of the following:

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 ASCE-7/88 standards set forth in the South Florida Building Code, adopted in Dade County, Florida in August 1988.

NOTE: Roof ridge vents, soffit vents, and breakaway walls as defined and required by the National Flood Insurance Program (NFIP), and other non shutters openings as required by the Dade County building code, do not have to be protected by shutters.

B. Or, as an alternative to Storm Shutter(s):

1. The garage door(s) meets a "factor of safety of 1.5" or better, or the door 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.

This Certifies to the Best of My Knowledge as the Insured:

C. All exterior wall and roof openings, such as doors, windows, skylights 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.

D. Or, as an alternative to a Storm Shutter(s)

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 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.

E. I will close and secure my shutters in event of a tropical storm or hurricane affecting my premise(s); and

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 certify to the best of my information and belief, that the devices certified above are properly installed in compliance with the manufacturer's installation recommendation and aforementioned building codes.
3. "While your failure to comply with any of the above conditions in E.1 and 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."

_____/_____
Signature of Applicant / Date

F. A signature of either a Registered Architect, Regulations and Code "Qualifier" for a Manufacturing Company, Engineer, or Building Code Compliance Official is required to verify section A and/or B. Notary Public to affirm.

(Section F continued on page 2)

This certification is intended ONLY for the benefit of the Named Insured's receipt of a property insurance premium discount and for no other purpose. The undersigned agent or any representative of the FWUA is not certifying the devices are installed properly and does not make a health or safety certification. Unless otherwise specifically agreed in writing, other persons or entities, including assigns and successors of the building or unit owners shall not be entitled to rely on this certification.

- I hereby certify that I am a State of Florida registered Architect, or an Engineer, proficient in structural design, or a duly designated Regulations and Code "Qualifier" for a Manufacturing Company, or a Building code Official (who is duly authorized by the State of Florida or it's county's municipalities, to verify building code compliance): and
- 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 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 Document:

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

Signature of Registered Architect/Engineer/Qualifier (<i>Notarize below</i>) Print Name Below Address _____ _____ City, State, ZIP _____ Registration Number _____	Date	Signature of Building Code Compliance Official (<i>Notarize below</i>) Print Name Below Title _____ Department _____ Dept. Address _____ _____ City, State, ZIP _____ Phone Number _____	Date
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Property Address:

State of Florida
County of _____

With respect to the above.
 The above named signatory has sworn to and subscribed before me this _____ day of _____, AD, 200__ by _____ (*name of person making the statement*) that the information contained within this document is accurate and true. I personally know the above signatory _____, or produced _____ (*type of identification*) for identification.

 Signature of Notary Print, Type or Stamp Name of Notary

Hardship Acceptance when signature in Section F. above cannot be procured:

I have attached to this Proof of Compliance document, documentation providing that shutters, other devices, and doors without shutters meet the wind pressure and debris impact requirements stated in the rule. Such documentation must come from a Building Code and Compliance Official, the Regulation and Code "Qualifier" for the Manufacturing Company, a Florida Registered Architect, or Engineer proficient in structural design. Such documentation may be waived if said individuals complete Section F. of this document.

 Signature of Applicant Date

FWUA 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.