

**FLORIDA WINDSTORM UNDERWRITING ASSOCIATION
MITIGATION VERIFICATION AFFIDAVIT**

Policy Number: _____ Item No: _____
Named Insured _____
Location Address _____
Description _____

Sheathing/Attachment

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

YES _____ NO _____ NOT VERIFIED _____

2. 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 3" 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 _____ NO _____ NOT VERIFIED _____

Secondary Water Resistance

3. 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 _____ NO _____ NOT VERIFIED _____

Roof Straps

4. Are there roof straps/clips installed on each truss/rafter per the manufacturer's installation requirements?

YES _____ NO _____ NOT VERIFIED _____

Roof Construction

5. Is this a reinforced concrete roof? (A roof deck designed in accordance with the provisions of ACI (American Concrete Institute) 318. The roof deck shall be monolithic and constructed integrally with the wall system and meet the wind load requirements of the local building code.)

YES _____ NO _____ NOT VERIFIED _____

Wall Construction

6. Is this a reinforced masonry structure? (Exterior walls are constructed of masonry materials that are reinforced with both vertical and horizontal steel reinforcement and are relied upon for structural stability. Vertical reinforcement shall be fully grouted in the cells of hollow masonry units, and horizontal reinforcement shall be fully grouted in specially formed [Bond Beam] units designed for that purpose or poured concrete tie beams. Tilt-up or poured concrete wall units shall be reinforced both vertically and horizontally with reinforcing steel.)

YES _____ NO _____ NOT VERIFIED _____

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Gable Bracing

7. If this is a gable roof, is the gable braced? (Trusses [or the wall portion that extends above the gable end wall] are strengthened by properly securing (via 16d nails or 3", 14 gauge wood screws) the bottom chord of the truss to the top of the end wall and bracing the bottom chord to the adjacent trusses to prevent the wind from pushing or pulling the gable end where the gable truss is connected along the gable wall.)

YES _____ NO _____ NOT VERIFIED _____

Garage Doors

8. If there is an attached garage does the door(s), meet or is retrofitted to meet ASCE 7/88 wind and debris impact standards adopted by Dade County in September 1994, or any local code that meets at a minimum these standards; or is the door(s) compliant with SSTD-12 wind pressure and debris impact standards?

YES _____ NO _____ NOT VERIFIED _____

I hereby certify that I am either a resident Licensed Building Contractor, Registered Architect or an Engineer in the State of Florida 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). In my professional opinion, based on my knowledge, information and belief, I certify that the above statements are true and correct. 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. By completion of this Affidavit, the undersigned does not make a health or safety certification.

Signature _____ (Notarize below) Date _____

License No _____

State of Florida
County of _____

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

Signature of Notary

Print, Type of Stamp Name of Notary

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.”