

**FLORIDA WINDSTORM UNDERWRITING ASSOCIATION
ROOFING 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 resistant 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 Covering

4. Please indicate the type of roof covering installed.

Shingle Concrete Tile Clay Tile Slate Other (Describe) _____

Continued on Page 2

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Page 2

I hereby certify 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 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.”

