

**CITIZENS PROPERTY INSURANCE CORPORATION**  
**BUILDING TYPE II AND III MITIGATION VERIFICATION AFFIDAVIT**

This affidavit must be completed to capture mitigation features applicable to a Type II (4 to 6 story) or Type III (7 or more story) building. This affidavit is required for either residential condominium unit owners or commercial residential applicants requesting mitigation credits in such buildings.

WIND LOSS MITIGATION INFORMATION		
PREMISES #:	SUBJECT OF INSURANCE:	POLICY #:
BUILDING #:	STREET ADDRESS:	
# STORIES:	BLDG DESCRIPTION:	
<b>BUILDING TYPE:</b> <input type="checkbox"/> II (4 to 6 stories) <input type="checkbox"/> III (7 or more stories)		

**Terrain Exposure Category** must be provided for each insured location.

I hereby certify that the building or unit at the address indicated above **TERRAIN EXPOSURE CATEGORY** as defined under the Florida Building Code is (Check One):    **Exposure C**   or    **Exposure B**

Certification below for purposes of **TERRAIN EXPOSURE CATEGORY** above does not require personal inspection of the premises.

**Certification of Wind Speed** is required to establish the basic wind speed of the location (Complete for Terrain B only if Year Built On or After Jan. 1, 2002).

I hereby certify that the basic **WIND SPEED** of the building or unit at the address indicated above based upon county wind speed lines defined under the Florida Building Code (FBC) is (Check One):    **≥100**   or    **≥110**   or    **≥120**

**Certification of Wind Design** is required when the buildings is constructed in a manner to exceed the basic wind speed design established for the structure location (Complete for Terrain B only if Year Built On or After Jan. 1, 2002).

I hereby certify that the building or unit at the address indicated above is designed and mitigated to the Florida Building Code (FBC) **WIND DESIGN** of (Check One):    **≥100**   or    **≥110**   or    **≥120**

Certification for the purpose of establishing the basic **WIND SPEED** or **WIND SPEED DESIGN** above does not require personal inspection of the premises.

**Specify the type of mitigation device(s) installed:**

<input type="checkbox"/>	<p><b>Roof Coverings</b></p> <p><input type="checkbox"/> <b>Reinforced Concrete Roof – Type II or III</b>  A roof structure composed of cast-in-place or pre-cast structural concrete designed to be self-supporting and integrally attached to wall/support system.</p> <p><input type="checkbox"/> <b>Level A (Non FBC Equivalent) – Type II or III</b>  All roof cover types and configurations that do not meet Level B below.</p> <p><input type="checkbox"/> <b>Level B (FBC Equivalent) – Type II or III</b>  Roof coverings that satisfy all of the following conditions and are one of the following types:</p> <ol style="list-style-type: none"> <li>1. Built-Up</li> <li>2. Modified Bitumen</li> <li>3. Sprayed Polyurethane foam</li> <li>4. Liquid membrane applied over concrete</li> <li>5. Asphalt roll roofing</li> <li>6. Wood shakes in good condition, attached with at least two mechanical fasteners</li> <li>7. Ballasted roof designed to meet the design wind speed requirements</li> <li>8. Asphalt roof coverings installed in accordance ASTM D 3161 (modified for 110 mph) or Miami Dade County PA 107-95.</li> </ol> <p style="font-size: small;">All mechanical equipment must be adequately tied to the roof deck to resist overturning and sliding during high winds. Any flat roof covering with flashing or coping must be mechanically attached to the structure with face fasteners (no clip/cleat systems); and roof coverings on flat roofs must be 10 years old or less.</p>
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<input type="checkbox"/>	<b>Roof Deck Attachment</b>  <input type="checkbox"/> <b>Level A – Wood or Other Deck Type II only</b> Roof deck composed of sheets of structural panels (plywood or OSB). <i>Or</i> Architectoral (non-structural) metal panels that require a solid decking to support weight and loads. <i>Or</i> Other roof decks that do not meet Levels B or C below.  <input type="checkbox"/> <b>Level B – Metal Deck Type II or III</b> Metal roof deck made of structural panels that span from joist to joist.  <input type="checkbox"/> <b>Level C – Reinforced Concrete Roof Deck Type, II or III</b> A roof structure composed of cast-in-place or pre-cast structural concrete designed to be self-supporting and integrally attached to wall/support system.
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<input type="checkbox"/>	<b>Secondary Water Resistance</b>  <input type="checkbox"/> <b>Underlayment</b> A self-adhering polymer modified bitumen roofing underlayment (thin rubber sheets with peel and stick underside located beneath the roof covering and normal felt underlayment) with a minimum width of 6" meeting the requirements of ASTM D 1970 installed over all plywood/OSB joints to protect from water intrusion. All secondary water resistance products must be installed per the manufacturer's recommendations. Roofing felt or similar paper based products are not acceptable for secondary water resistance.  <input type="checkbox"/> <b>Foamed Adhesive</b> A foamed polyurethane sheathing adhesive applied over all joints in the roof sheathing to protect interior from water intrusion.
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<input type="checkbox"/>	<b>Opening Protection</b>  <input type="checkbox"/> <b>Class A (Hurricane Impact)</b> – All glazed openings (windows, skylights, sliding glass doors, doors with windows, etc) less than 60 feet above grade must be protected with impact resistant coverings (e.g. shutters), impact resistant doors, and/or impact resistant glazing that meet the requirements of: <p style="margin-left: 40px;"><input type="checkbox"/>SSTD12; <input type="checkbox"/>ASTM E 1886 and ASTM E 1996 (Missile Level C – 9 lb); <input type="checkbox"/>Miami-Dade PA 201, 202, and 203; or <input type="checkbox"/>Florida Building Code TAS 201, 202 and 203.</p> All glazed openings between 30 and 60 feet above grade must meet the Small Missile Test of the respective standard. All glazed openings less than 30 feet above grade shall meet the Large Missile Test of the respective standard.  <input type="checkbox"/> <b>Class B (Basic Impact)</b> – All glazed openings (windows, skylights, sliding glass doors, doors with windows, etc) must be protected with impact resistant coverings (e.g. shutters), impact resistant doors, and/or impact resistant glazing that meet the requirements of: <p style="margin-left: 40px;"><input type="checkbox"/>ASTM E 1886 and ASTM E 1996 (Missile Level B – 4.5 lb)</p> All glazed openings between 30 and 60 feet above grade must meet the Small Missile Test of the respective standard. All glazed openings less than 30 feet above grade shall meet the Large Missile Test of the respective standard.
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**CERTIFICATION**

I certify that I am (**CHECK ONE OF THE FOLLOWING**):

a resident licensed General, or Building Contractor,  a Licensed Building Inspector,  a Registered Architect,  an Engineer in the State of Florida,  a Building Code Official (who is duly authorized by the State of Florida or its county's municipalities to verify building code compliance).

I also certify that I personally inspected the premises at the Location Address listed above on the date of this Affidavit. 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 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 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.

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of Inspector \_\_\_\_\_ License Type # \_\_\_\_\_ License # \_\_\_\_\_  
Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**"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."**