

MITIGATION VERIFICATION CERTIFICATION

Licensed Building Contractor, Registered Architect, Engineer or Building Code Official

Policy Number: _____

Named Insured: _____

Location Address: _____

Wind Speed Region of Property Location: _____

Roof Covering

1. Is the roof covering in compliance with the current edition of the International Residential Code as adopted by the South Carolina Building Codes Council or the manufacturer's installation requirements for the wind speed for the site on which the home is located?

YES _____ NO _____ NOT VERIFIED _____ DATE COMPLETED ___/___/___

Roof Attachment

2. Is sheathing attached in compliance with the current edition of the International Residential Code as adopted by the South Carolina Building Codes Council or an engineered design for the wind speed for the site on which the home is located?

YES _____ NO _____ NOT VERIFIED _____ DATE COMPLETED ___/___/___

Roof -To- Wall Connection

3. Are there toe nails, clips, single straps and/or double straps that are installed in compliance with the current edition of the International Residential Code as adopted by the South Carolina Building Codes Council or an engineered design for the wind speed for the site on which the home is located?

YES _____ NO _____ NOT VERIFIED _____ DATE COMPLETED ___/___/___

If yes, identify the method used.

Opening Protection

(Must be on all exterior openings including, but not limited to doors, windows, garage doors and skylights.)

4. Have storm shutters been installed on all windows meeting the minimum requirements of the International Residential Code?

YES _____ NO _____ NOT VERIFIED _____ DATE COMPLETED ___/___/___

TYPE: Aluminum or Steel Storm Panels _____ Accordion _____ Roll down _____

Colonial/Bahama/Awning _____ Clam Shell _____

5. Has impact resistant glass meeting the minimum requirements of the International Residential Code been installed?

YES _____ NO _____ NOT VERIFIED _____ DATE COMPLETED ___/___/___

6. If there is an attached garage does the door(s), meet or has it been retrofitted to meet ASCE 7/88 wind and debris impact standards, or is the door(s) compliant with SSTD-12 wind pressure and debris impact standards?

YES _____ NO _____ NOT VERIFIED _____ DATE COMPLETED ___/___/___

IMPORTANT NOTICE

Insurers have the right to confirm all information contained in this form via a survey of the risk. Any person or insurer who makes a false statement or misrepresentation, and any other person knowingly, with an intent to injure, defraud, or deceive, who assists, abets, solicits, or conspires with such person or insurer to make a false statement or misrepresentation is subject to both criminal and civil penalties pursuant to S.C. Code Ann. 38-55-540 and 38-55-550.

CERTIFICATION

I hereby certify that I am either a Licensed Building Contractor, Registered Architect or an Engineer in the State of South Carolina or a Building Code Official (who is duly authorized by the State of South Carolina or its 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 Number _____

State of South Carolina

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