

**CITIZENS PROPERTY INSURANCE CORPORATION  
FLORIDA BUILDING CODE COMMERCIAL ROOFING MITIGATION VERIFICATION AFFIDAVIT**

WIND LOSS MITIGATION INFORMATION		
PREMISES #:	SUBJECT OF INSURANCE: <u>THE GALLAGHER ASSOC.</u>	POLICY #: <u>1095245</u>
BUILDING #:	STREET ADDRESS: <u>1050 - 1080 Reef Rd, Vero Beach, FL.</u>	
# STORIES: <u>3</u>	BLDG DESCRIPTION: <u>RESIDENTIAL CONDO</u>	
BUILDING TYPE: <input checked="" type="checkbox"/> I (3 stories or less) <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):   $\geq 100$  or   $\geq 110$  or   $\geq 120$

**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):   $\geq 100$  or   $\geq 110$  or   $\geq 120$

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"/>	<b>Roof Coverings</b>
<input checked="" type="checkbox"/>	<b>FBC Equivalent – Type I only</b> Roof coverings that at a minimum meet the requirements of the 2001 Florida Building Code or the 1994 South Florida Building Code.
<input type="checkbox"/>	<b>Non-FBC Equivalent – Type I only</b> Roof coverings that do not meet the minimum requirements listed above.
<input type="checkbox"/>	<b>Reinforced Concrete Roof – Type I, 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.
<input type="checkbox"/>	<b>Level A – Type II or III</b> All roof cover types and configurations that do not meet Level B below.
<input type="checkbox"/>	<b>Level B – Type II or III</b> Roof coverings that satisfy all of the following conditions and are one of the following types:
	<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>
	<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/crest systems); and roof coverings on flat roofs must be 10 years old or less.</small>

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<input type="checkbox"/> <b>Roof Shape</b>
<input type="checkbox"/> <b>Hip – Type I only</b> Roof having sloping ends and sloping sides down to the eaves line. A Hip roof must be comprised of no other roof shapes greater than 50% of any exterior wall length.
<input type="checkbox"/> <b>Gable – Type I only</b> Roof that is double-sloped, the end section appears as an inverted V. Any exterior wall with a Gable end exceeding 50% of the exterior wall length shall be classified as Gable.
<input checked="" type="checkbox"/> <b>Flat – Type I only</b> A horizontal roof with a pitch less than 10 degrees.

<input type="checkbox"/> <b>Roof Deck Attachment</b>
<b>Level A – Type I only</b> Plywood/OSB roof sheathing attached to roof trusses/rafters by 8 penny nails (2" x 0.131" diameter) or greater which are properly spaced at a maximum of 6" along the edge and 12" in the field on 24" truss/rafter spacing.
<input type="checkbox"/> <b>Or</b> Batten decking of Skipped decking (typically used on roof decks supporting wood shakes or wood shingles).
<b>Or</b> Any system of screws, nails, adhesives, other roof deck fastening systems or truss/rafter spacing that has an equivalent mean uplift resistance of 55 pounds per square foot or more as evidenced by laboratory uplift tests on full size sheets of plywood/OSB.
<b>Level B – Type I only</b> Plywood/OSB roof sheathing with a minimum thickness of 1/2" attached to roof trusses/rafters by 8 penny (2.5" x 0.131" diameter) nails or greater which are properly spaced at a maximum of 6" along the edge and 12" in the field on 24" truss/rafter spacing.
<input type="checkbox"/> <b>Or</b> Any system of screws, nails, adhesives, other roof deck fastening systems or truss/rafter spacing that has an equivalent mean uplift resistance of 103 pounds per square foot or more as evidenced by laboratory uplift tests on full size sheets of plywood/OSB.
<b>Level C – Type I only</b> Plywood/OSB sheathing with a minimum thickness of 1/2" attached to roof trusses/rafters by 8d (2.5" x 0.131" diameter) nails which are properly spaced at a maximum of 6" along the edge and 6" in the field on 24" truss/rafter spacing.
<input checked="" type="checkbox"/> <b>Or</b> Dimensional Lumber or Tongue & Groove deck roof composed of 3/4" thick boards with nominal widths of 4" or more.
<b>Or</b> Any system of screws, nails, adhesives, other roof deck fastening systems or truss/rafter spacing that has an equivalent mean uplift resistance of 182 pounds per square foot or more as evidenced by laboratory uplift tests on full size sheets of plywood/OSB.
<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).
<b>Or</b> Architectural (non-structural) metal panels that require a solid decking to support weight and loads.
<b>Or</b> 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 I, 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.

<input type="checkbox"/> <b>Secondary Water Resistance</b>
<input checked="" 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>Roof-Wall Connection</b>
<input type="checkbox"/> <b>Toe-Nail – Type I only</b> Rafter/truss anchored to top plate of wall using nails driven at an angle through the rafter/truss and attached to the top plate of the wall.
<input type="checkbox"/> <b>Clips – Type I only</b> Metal clips installed on each truss/rafter that attach to the side only of the truss/rafter member and to the wall frame. Metal clip should be free of severe corrosion, have a minimum of 3 nails into the truss/rafter and 3 nails into the wall.
<input checked="" type="checkbox"/> <b>Single Wraps – Type I only</b> Metal straps installed on each truss/rafter that wrap over the top of the truss/rafter and attach to the wall frame in one location. Metal strap should be free of severe corrosion, have a minimum of 3 nails into the truss/rafter and 3 nails into the wall.
<input type="checkbox"/> <b>Double Wraps – Type I only</b> Metal straps installed on each truss/rafter that wrap over the top of the truss/rafter and attach to the wall frame in two locations. Metal strap should be free of severe corrosion, have a minimum of 3 nails into the truss/rafter and 3 nails into the wall at each location.

### CERTIFICATION

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

a Licensed Roofing Contractor,  a resident Licensed General, Residential, or Building Contractor,  a Licensed Building Inspector,  a 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 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: SUNLAND COMM. CONSTR. License # CBC 039161  
Date: 2-22-08 Phone: 514-1723  
Signature: [Signature]  
Applicant's Signature: [Signature] (President) 3/6/2008

Citizens 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."