

CITIZENS PROPERTY INSURANCE CORPORATION
FLORIDA BUILDING CODE ROOFING MITIGATION VERIFICATION AFFIDAVIT

Applicant(s): _____ **Policy No:** _____

Property Address: _____

Date Installed: _____ / _____ / _____

Specify the type of mitigation device(s) installed:

Roof Coverings

FBC Equivalent

Asphalt roof coverings installed in accordance with ASTM D 3161 (modified for 110 mph) or Miami Dade County PA 107-95.

Non-FBC Equivalent

Asphalt roof shingles not meeting requirements listed above for FBC Equivalent and all other roof covering types.

Roof Shape

Hip

Roof having sloping ends and sloping sides down to the eaves line.

Other

All other roof shapes except Hip (i.e. Flat, Gable, Gambrel, etc.)

Secondary Water Resistance

Underlayment

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.

Foamed Adhesive

A foamed polyurethane sheathing adhesive applied over all joints in the roof sheathing to protect interior from water intrusion.

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Roof Deck Attachments

Attachment A

Plywood/OSB roof sheathing attached to roof trusses/rafters by 6 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.

Or

Batten decking of Skipped decking (typically used on roof decks supporting wood shakes or wood shingles).

Or

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.

Attachment B

Plywood/OSB roof sheathing with a minimum thickness of ½" 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.

Or

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.

Attachment C

Plywood/OSB sheathing with a minimum thickness of ½" 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.

Or

Dimensional Lumber or Tongue & Groove deck roof composed of ¾" thick boards with nominal widths of 4" or more.

Or

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.

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: _____ **License #** _____

Date: _____ **Phone:** _____

Signature: _____

Applicant's Signature: _____ **Date:** _____

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."