

FlorenciaSM

AT THE COLONY GOLF & BAY CLUBSM

Dear Unit Owners,

Insurance companies offer many discounts to homeowners.

In this section of our WEBSITE, we have provided documentation that your insurance agent may request in order for you to receive those discounts.

Letter from the Manager to the Insurance Company
Confirmation of Life Safety Inspection Services
Certificate of Compliance of Sprinklers from Lee County
Certificate of Compliance of Fire Alarms from Lee County
Flood Insurance Policy
Wind Mitigation Affidavit

Thank you,

Lyn Haars, CAM
Community Association Manager

FlorenciaSM

AT THE COLONY GOLF & BAY CLUBSM

To Whom It May Concern:

This letter serves to inform you that the Florencia at the Colony building is fully sprinklered with a central station fire alarm.

Enclosed you will find supporting documentation.

If you have any questions or need any additional information, please do not hesitate to contact me at 239.949.3114.

Thank you

Lyn Haars, CAM
Community Association Manager

Encl: Confirmation of Life Safety Inspection Services
Certificate of Compliance for Sprinklers from Lee County
Certificate of Compliance for Fire Alarms from Lee County



Lee County, Florida
Division of Development Services
Certificate of Compliance
Sprinklers



Date: 08/03/2007 **PERMIT NUMBER:** FIR2006-01364

Owner Name: WCI COMMUNITIES INC

Job Address: 23850 VIA ITALIA CIR

Contractor: FSC001137 WAYNE AUTOMATIC/FIRE SPRINKLERS INC
/Address: 2321 BRUNER LANE
FORT MYERS FL 33912-1904

Description: SPRINKLERS - 4039 HEADS - STANDPIPE - 4 RISERS

Project Name: FLORENCIA

Strap: 17-47-25-B2-00001,0000

This certificate should not be construed as a certificate of occupancy. Additional permitting and/or a certificate of occupancy may be required prior to occupancy.

BUILDING OFFICIAL



Lee County, Florida
Division of Development Services
Certificate of Compliance
Fire Alarms



Date: 08/03/2007

PERMIT NUMBER: FIR2006-01594

Owner Name: WCI COMMUNITIES INC

Job Address: 23850 VIA ITALIA CIR

Contractor EFC000551 SIMPLEX GRINNELL LP
Address: 8450 METROPLEX DRIVE
FORT MYERS FL 33912

Description: FIRE ALARMS WITH 799 DEVICES/monitoring

Project Name: FLORENCIA

Strap: 17-47-25-B2-00001.0000

This certificate should not be construed as a certificate of occupancy. Additional permitting and/or a certificate of occupancy may be required prior to occupancy.

Bob Stewart

BUILDING OFFICIAL



Assurance Letter Request Form

Resident Name _____

Association Name _____

Street Address _____

Unit Number _____

City, State, Zip _____

Phone Number _____

Email Address _____

Insurance Company Name _____

Insurance Company Contact _____

Insurance Company Fax/Email _____

Printed Name: _____

Signature: _____

Please send completed forms to Donna Keaton via fax at (239) 433-3263
or email to djkeaton@waynefire.com. Please note it takes **72 to 96 hrs** to process.

If you have any questions I can be reached at (239) 433-3030 X 1226



Policy Number: 99040563342016

FLOOD POLICY DECLARATIONS
Hartford Insurance Company of the Midwest

Standard Policy

Type: Revised Declaration

Policy Period: 08/16/2016 08/16/2017

Original New Business Effective Date: 08/16/2007

Reinstatement Date:

Form: RCBAP

For payment status, call: (888) 245-7274

These Declarations are effective

as of: 04/28/2017 at 12:01 AM

010101

Address Info

Producer Name and Mailing Address:BROWN & BROWN INC
DBA BROWN & BROWN OF FLORIDA INC
1421 PINE RIDGE RD STE 200
NAPLES, FL 34109-2116**Insured Name and Mailing Address:**FLORENCIA AT THE COLONY
CONDO ASSOC INC
23850 VIA ITALIA CIR APT 101
BONITA SPRINGS, FL 34134-7123

NFIP Policy Number: 9904056334

Agent/Agency #: 10334-21221-958

Reference #:

Phone #: (239) 262-5143

NAIC Number: 19682

Processed by:

Flood Insurance Processing Center

P.O. Box 2057 Kalispell MT 59903-2057

Property Info

Property Location:23850 VIA ITALIA CIR
BONITA SPRINGS, FL 34134-7122**Building Description:**Other Residential
Three or More Floors
Elevated With Enclosure
High Rise

Primary Residence: N

Premium Payor: Insured

Flood Risk/Rated Zone: A16 Current Zone:

Community Number: 12 0680 0465 C

Community Name: BONITA SPRINGS, CITY OF

Grandfathered: No

Post-Firm Construction

Program Type: Regular

Newly Mapped into SFHA:

Elev Diff: 3-

Elevated Building: Y

Includes Addition(s) and Extension(s)

Replacement Cost: \$64,550,803

Number of Units: 116

Coverage & Rating

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
Building:	29,000,000	1.950 / .044	1,250	14	16,082.00	Premium Subtotal:	16,267.00
Contents:	100,000	.380 / .120	1,250		185.00	Multiplier:	
Contents Location:	Basement or Enclosure and THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY. Coverage Limitations May Apply. See Your Policy Form for Details.					ICC Premium:	9.00
						CRS Discount:	.00
						Reserve Fund Assmt:	2,441.00
						HFIAA Surcharge:	250.00
						Federal Policy Fee:	2,000.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
						Total Premium Paid:	20,967.00

Coverage Limitations May Apply. See Your Policy Form for Details.

Mortgage Info

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

Douglas Elliott, President
Terence Shields, Secretary



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/25/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Brown & Brown Of Florida, Inc. 1421 Pine Ridge Road, Suite 200 Naples FL 34109	CONTACT NAME: PHONE (A/C, No, Ext): 239-262-5143 FAX (A/C, No): 239-261-8265 E-MAIL ADDRESS: certs@bnaples.com PRODUCER CUSTOMER ID: FLORE-1														
INSURED Florenzia at The Colony Condominium Association, Inc. 23850 Via Italia Circle Bonita Springs FL 34134	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Lloyds of London</td><td>85202</td></tr><tr><td>INSURER B: Great American Ins. Co.</td><td>16691</td></tr><tr><td>INSURER C: Travelers Indemnity Co of Conn</td><td>25658</td></tr><tr><td>INSURER D: Hartford Ins Co of Midwest</td><td>37478</td></tr><tr><td>INSURER E: Safety Specialty Insurance Com</td><td>13815</td></tr><tr><td>INSURER F: Rockhill Ins Co.</td><td>28053</td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Lloyds of London	85202	INSURER B: Great American Ins. Co.	16691	INSURER C: Travelers Indemnity Co of Conn	25658	INSURER D: Hartford Ins Co of Midwest	37478	INSURER E: Safety Specialty Insurance Com	13815	INSURER F: Rockhill Ins Co.	28053
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COVERAGES

CERTIFICATE NUMBER: 191843072

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
23850 Via Italia Circle, Bonita Spring, Florida 34134

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A E F	<input checked="" type="checkbox"/>	PROPERTY	LWH000802	5/1/2017	5/1/2018	<input checked="" type="checkbox"/> BUILDING	\$57,480,585
		CAUSES OF LOSS	SSW000227	5/1/2017	5/1/2018	<input type="checkbox"/> PERSONAL PROPERTY	\$
			RHS000061	5/1/2017	5/1/2018	<input type="checkbox"/> BUSINESS INCOME	\$
		BASIC				<input type="checkbox"/> EXTRA EXPENSE	\$
		BROAD				<input type="checkbox"/> RENTAL VALUE	\$
	<input checked="" type="checkbox"/>	SPECIAL				<input type="checkbox"/> BLANKET BUILDING	\$
		EARTHQUAKE				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/>	WIND				<input type="checkbox"/> BLANKET BLDG & PP	\$
		FLOOD					\$
	<input checked="" type="checkbox"/>	UNITS: 116					\$
		INLAND MARINE	TYPE OF POLICY				\$
		CAUSES OF LOSS					\$
		NAMED PERILS	POLICY NUMBER				\$
							\$
B	<input checked="" type="checkbox"/>	CRIME	SSA39256740570300	5/1/2017	5/1/2018	<input checked="" type="checkbox"/> EMPL DISHONESTY	\$2,500,000
		TYPE OF POLICY					\$
		CRIME					\$
C	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	3H566223	5/1/2017	5/1/2018	<input checked="" type="checkbox"/> EQUIP BKDOWN	\$59,755,117
							\$
D		FLOOD- RCBAP ZONE: A16	99040563342016	8/16/2016	8/16/2017	<input checked="" type="checkbox"/> BUILDING	\$29,000,000
							\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PROPERTY: REPLACEMENT COST; COINSURANCE N/A - AGREED VALUE; DEDUCTIBLES: ALL OTHER PERILS \$5,000 PER OCCURRENCE, EXCEPT CALENDAR YEAR NAMED HURRICANE: 2% PER BUILDING PER OCCURRENCE, SUBJECT TO A \$25,000 MINIMUM PER OCCURRENCE; ALL OTHER WINDSTORM/HAIL: \$25,000 PER OCCURRENCE
See Attached...

CERTIFICATE HOLDER

Florenzia at the Colony Condominium
Association Inc.
23850 Via Italia Circle
Bonita Springs FL 34134

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: FLORE-1

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Brown & Brown Of Florida, Inc.		NAMED INSURED Florescia at The Colony Condominium Association, Inc. 23850 Via Italia Circle Bonita Springs FL 34134
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 24 FORM TITLE: CERTIFICATE OF PROPERTY INSURANCE

Special Conditions

ORDINANCE OR LAW: FULL COVERAGE A, B&C COMBINED LIMIT \$2,500,000

FLOOD: VALUATION: REPLACEMENT COST; DEDUCTIBLE: \$1,250 PER OCCURRENCE

*** MAXIMUM LIMIT AVAILABLE THROUGH NATIONAL FLOOD INSURANCE PROGRAM (NFIP)***

CRIME: INCLUDES DESIGNATED AGENTS AS EMPLOYEES COVERED FOR EMPLOYEE DISHONESTY ONLY - PROPERTY MANAGER;
INCLUDES ALL NON-COMPENSATED OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS AS EMPLOYEES; INCLUDES
VOLUNTEER WORKERS OTHER THAN FUND SOLICITORS AS EMPLOYEES



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/25/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown Of Florida, Inc. 1421 Pine Ridge Road, Suite 200 Naples FL 34109		CONTACT NAME: PHONE (A/C, No, Ext): 239-262-5143 FAX (A/C, No): 239-261-8265 E-MAIL ADDRESS: certs@bbnaples.com	
INSURED FLORE-1 Floresia at The Colony Condominium Association, Inc. 23850 Via Italia Circle Bonita Springs FL 34134		INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Indemnity Insuran INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
		NAIC # 18058	

COVERAGES

CERTIFICATE NUMBER: 228498944

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1645194	5/1/2017	5/1/2018	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

23850 Via Italia Circle, Bonita Springs, Florida 34134

CERTIFICATE HOLDER**CANCELLATION**Floresia at the Colony Condominium Association Inc.
23850 Via Italia Circle
Bonita Springs FL 34134

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CITIZENS PROPERTY INSURANCE CORPORATION
FLORIDA BUILDING CODE COMMERCIAL MITIGATION VERIFICATION AFFIDAVIT

WIND LOSS MITIGATION INFORMATION

PREMISES #:	SUBJECT OF INSURANCE: FLORENCIA CONDOMINIUM	POLICY #:
BUILDING #:	STREET ADDRESS: 23850 VIA ITALIA CIRCLE, BENITA SPRINGS, FL 34134	
# STORIES:	BLDG DESCRIPTION: HIGH RISE RESIDENTIAL BUILDING	
BUILDING TYPE: <input type="checkbox"/> I (3 stories or less) <input type="checkbox"/> II (4 to 6 stories) <input checked="" 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 building 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:

☒ **Roof Coverings**

☐ **FBC Equivalent – Type I only**

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

☐ **Non-FBC Equivalent – Type I only**

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

☒ **Reinforced Concrete Roof – Type I, II or III**

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.

☐ **Level A – Type II or III**

All roof cover types and configurations that do not meet Level B below.

Level B – Type II or III

Roof coverings that satisfy all of the following conditions and are one of the following types:

1. Built-Up
2. Modified Bitumen
3. Sprayed Polyurethane foam
4. Liquid membrane applied over concrete
5. Asphalt roll roofing
6. Wood shakes in good condition, attached with at least two mechanical fasteners
7. Ballasted roof designed to meet the design wind speed requirements
8. Asphalt roof coverings installed in accordance ASTM D 3161 (modified for 110 mph) or Miami Dade County PA 107-95

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/seat systems); and roof coverings on flat roofs must be 10 years old or less.

CITIZENS PROPERTY INSURANCE CORPORATION
FLORIDA BUILDING CODE COMMERCIAL MITIGATION VERIFICATION AFFIDAVIT

Page 2 of 4

☒ **Roof Shape**

☐ **Hip – Type I only**

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

☐ **Gable – Type I only**

The portion of the roof above eaves line of a double-sloped roof; the end section appears as an inverted V.

☒ **Flat – Type I only**

A horizontal roof with a pitch less than 10 degrees.

☒ **Roof Deck Attachment**

Level A – Type I only

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**

Ballen 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 56 pounds per square foot or more as evidenced by laboratory uplift tests on full size sheets of plywood/OSB.

Level B – Type I only

Plywood/OSB roof sheathing with a minimum thickness of 1/4" attached to roof trusses/rafters by 6 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.

Level C – Type I only

Plywood/OSB sheathing with a minimum thickness of 1/4" 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 3/4" 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.

☐ **Level A – Wood or Other Deck Type II only**

Roof deck composed of sheets of structural panels (plywood or OSB).

Or

Architectural (non-structural) metal panels that require a solid decking to support weight and loads.

Or

Other roof decks that do not meet Levels B or C below.

☐ **Level B – Metal Deck Type II or III**

Metal roof deck made of structural panels that span from joist to joist.

☒ **Level C – Reinforced Concrete Roof Deck Type I, II or III**

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.

☐ **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.

CITIZENS PROPERTY INSURANCE CORPORATION
FLORIDA BUILDING CODE COMMERCIAL MITIGATION VERIFICATION AFFIDAVIT

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☐ Roof-Wall Connection

☐ Toe-Nail -- Type I only

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.

☐ Clips -- Type I only

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.

☐ Single Wraps -- Type I only

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.

☐ Double Wraps -- Type I only

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.

☒ Opening Protection

- ☒ Class A (Hurricane Impact) -- 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 one of:

☐ SSTD12; ☐ ASTM E 1886 and ASTM E 1896 (Missile Level C -- 9 lb);

☒ Miami-Dade PA 201, 202, and 203; or Florida Building Code TAS 201, 202 and 203.

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.

- ☐ Class B (Basic Impact) -- 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 ASTM E 1886 and ASTM E 1896. All glazed openings between 30 and 60 feet above grade must meet the Small Missile Test of the standard. All glazed openings less than 30 feet above grade shall pass testing for the Missile Level B -- 4.5 lb.)

- ☐ Class C (Non-Impact Type I only) -- All glazed openings (windows, skylights, sliding glass doors, doors with windows, etc) must be protected with shutter devices or wood structural panels that have the following characteristics.

- a. Corrugated storm panels made of Steel, Aluminum, or Polycarbonate in which individual panels are no wider than 14" and have a nominal profile of 2" or greater.
- b. Roll-Up shutters with aluminum slats.
- c. Accordion shutters with aluminum slats.
- d. Colonial or Bahama shutters with the all the following features:
 - i. Heavy gauge metal frames
 - ii. Extruded aluminum slats, that are anchored to both sides of frame, or solid metal backing plate in place behind slats
 - iii. Structural hinges
- iv. Mechanism to lock shutters closed during a storm

Wood Structural Panels -- (One or two story buildings) All glazed openings must be protected by plywood or OSB (oriented strand board) with a minimum thickness of 7/16 inch and maximum panel span of 8 feet. Panels must be precut to cover the glazed openings with attachment hardware provided. Panels must be fastened according to the Florida Building Code Table 1606.1.4 for locations where design wind speed is 130 mph or less. For locations with design wind speed greater than 130 mph, attachments shall be designed to resist component and cladding loads of the FBC.

CITIZENS PROPERTY INSURANCE CORPORATION
FLORIDA BUILDING CODE COMMERCIAL MITIGATION VERIFICATION AFFIDAVIT

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CERTIFICATION

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

☐ 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 stated 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: BOB RUDE STRUCTURES, INC. License # 44553
Date: 6/27/07 Phone: (239) 277-7771
Signature: ROBERT S. RUDE
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."