

# Florencia<sup>SM</sup>

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AT THE COLONY GOLF & BAY CLUB<sup>SM</sup>

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

# Floren<sup>SM</sup>cia

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AT THE COLONY GOLF & BAY CLUB<sup>SM</sup>

To Whom It May Concern:

This letter serves to inform you that the Floren<sup>SM</sup>cia 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

**SimplexGrinnell**  
**BE SAFE.**

**SimplexGrinnell LP**  
6450 Metro Plex Dr.  
Ft. Myers, FL 33966  
F.M. (239)939-4456  
Fax: (239)939-7537

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Wednesday, October 17, 2012

Florencia @ The Colony  
Attention: Jamie  
23850 Via Italia Circle  
Bonita Springs, FL34134  
239-949-3114

RE: *Confirmation of Life Safety Inspection & Monitoring Services for  
Insurance Company*

Dear Customer,

This letter is to confirm that SimplexGrinnell LP does in fact provide the following Life Safety / Fire System Inspections & Monitoring Service for the Florencia @ The Colony

The following systems located at the Florencia @ The Colony are serviced and tested according to NFPA Standards by SimplexGrinnell:

- Fire Alarm System Test & Inspection
- Fire Alarm System Central Station Monitoring

SimplexGrinnell is the leading UL Listed, FM Certified Life Safety provider in the country, with an exclusive commercial focus.

If you have any questions or if I can be of further assistance, please do not hesitate to call!

Sincerely,

Amanda Harigan  
Senior Service Representative  
SimplexGrinnell LP



**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.**

*Bob Stewart*

**BUILDING OFFICIAL**



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

**Date:** 06/03/2007 **PERMIT NUMBER:** FIR2006-01594

**Owner Name:** WCI COMMUNITIES INC

**Job Address:** 23850 VIA ITALIA CIR

**Contractor:** EFC000551 SIMPLEX GRINNELL LP  
**Address:** 6450 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**



Policy Number: 99040563342015

**FLOOD POLICY DECLARATIONS**  
Hartford Insurance Company of the Midwest

Standard Policy

**Type:** Renewal  
**Policy Period:** 08/16/2015 To 08/16/2016  
**Form:** RCBAP

For payment status, call: (888) 245-7274  
These Declarations are effective  
as of: 08/16/2015 at 12:01 AM

Address Info

**Producer Name and Mailing Address:**  
WELLS FARGO INSURANCE SERVICES USA INC  
2502 N ROCKY POINT DR STE 400  
TAMPA, FL 33607-1443

**Insured Name and Mailing Address:**  
FLORENCIA AT THE COLONY  
CONDO ASSOC INC  
23850 VIA ITALIA CIR APT 101  
BONITA SPRINGS, FL 34134-7123

**Agent/Agency #:** 04500-21210-165  
**Reference #:**  
**Phone #:** (813)287-1936

**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

**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 / .042	1,250	14-	15,506.00	Premium Subtotal:	15,691.00
Contents:	100,000	.380 / .120	1,250		185.00	ICC Premium:	9.00
Contents Location:	Basement or Enclosure and Above					CRS Discount:	.00
THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY.						Reserve Fund Assmt:	2,355.00
						HFIAA Surcharge:	250.00
						Federal Policy Fee:	1,800.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
						<b>Total Premium Paid:</b>	<b>20,105.00</b>

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

Mortgage Info

**First Mortgage:**

**Loss Payee:**

**Second Mortgage:**

**Disaster Agency:**

This Declaration Page, in conjunction with the policy, constitutes your Flood Insurance Policy.  
In WITNESS WHEREOF, we have signed this policy below and hereby enter into this Insurance Agreement.

*Douglas Elliott*  
Douglas Elliott, President

*Terence Shields*  
Terence Shields, Secretary



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/7/2015

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).

<b>PRODUCER</b> Commercial Lines - (813) 639-3000 Wells Fargo Insurance Services USA, Inc. 2502 N. Rocky Point Drive, Suite 400 Tampa, FL 33607	<b>CONTACT NAME:</b> Certificate Dept <b>PHONE (A/C, No, Ext):</b> 813-639-3000 <b>FAX (A/C, No):</b> 855-299-7117 <b>E-MAIL ADDRESS:</b> clw.certrequest@wellsfargo.com												
<b>INSURER(S) AFFORDING COVERAGE</b>													
<b>INSURED</b> Florencia at The Colony Condominium Association, Inc. 23850 Via Italia Circle Bonita Springs, FL 34134	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A : Aspen Specialty Insurance Co</td> <td style="width: 20%;">NAIC # 10717</td> </tr> <tr> <td>INSURER B : See attached</td> <td></td> </tr> <tr> <td>INSURER C : Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td>INSURER D : Zenith Insurance Company</td> <td>13269</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : Aspen Specialty Insurance Co	NAIC # 10717	INSURER B : See attached		INSURER C : Greenwich Insurance Company	22322	INSURER D : Zenith Insurance Company	13269	INSURER E :		INSURER F :	
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INSURER D : Zenith Insurance Company	13269												
INSURER E :													
INSURER F :													

**COVERAGES**
**CERTIFICATE NUMBER:** 383026

**REVISION NUMBER:** See below

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			CIUCAP001969	05/01/2015	05/01/2016	EACH OCCURRENCE	\$ 1000000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person)	\$ 5000	
							PERSONAL & ADV INJURY	\$ 1000000	
							GENERAL AGGREGATE	\$ 2000000	
							PRODUCTS - COMP/OP AGG	\$ Included	
								\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			PPP7445616	5/1/2015	5/1/2016	EACH OCCURRENCE	\$ 25,000,000	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 25,000,000	
	<input type="checkbox"/> DED							\$	
	RETENTION \$								
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	Z071625704	10/10/2014	10/10/2015	<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						N/A	E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
								E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

Florencia at the Colony Condominium Association  
 23850 Via Italia Cir.  
 Bonita Springs, FL 34134

**CERTIFICATE HOLDER**
**CANCELLATION**

Florencia at the Colony Condominium Association 23850 Via Italia Cir. Bonita Springs, FL 34134	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>Jeanne Brubaker</i></p>
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**PROPERTY/HAZARD SCHEDULE**

INSURANCE CARRIER: QBE Insurance Corporation  
 POLICY NUMBER: QFW5338-02  
 POLICY PERIOD: Effective Date: 5/1/2015 Expiration Date: 5/1/2016  
 Business Income: Extra Expense:  
 Blanket Limit Applies  
 Replacement Cost  Special  Basic  
 Additional Wording:  
 Agreed Amount  
 Ordinance Or Law-Included

Bldg	Location	Limit	# Units	Hurricane Ded	AOP Ded	Coins %
1	23850 Via Italia Circle, Bonita Springs, FL	\$ 58,290,265	116	3%	\$ 2,500	

**FLOOD**

INSURANCE CARRIER: Hartford Insurance Co. of the Midwest,  Replacement Cost, Flood Zone: A16

Bldg	Location	Limit	# Units	Policy#	Deductible	Policy Period
1	23850 Via Italia Circle, Bonita Springs, FL	\$ 29,000,000	116	99040563342015	\$ 1,250	8/16/2015-8/16/2016

**EXCESS FLOOD**

Not Covered

**CRIME / EMPLOYEE DISHONESTY**

INSURANCE CARRIER: Hartford Fire Insurance Company  
 POLICY NUMBER: 00FA024503214  
 POLICY PERIOD: Effective Date: 5/1/2015 Expiration Date: 5/1/2016  
 Limit: \$ 2,100,000

Bldg	Location	# Units
1	23850 Via Italia Circle, Bonita Springs, FL 34134	116

**DIRECTORS & OFFICERS LIABILITY**

INSURANCE CARRIER: Travelers Casualty and Surety Company  
 POLICY NUMBER: 105915885  
 POLICY PERIOD: Effective Date: 5/1/2015 Expiration Date: 5/1/2016  
 Limit: \$ 1,000,000

Bldg	Location	# Units
1	23850 Via Italia Circle, Bonita Springs, FL 34134	116



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, BONITA 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):   $\geq 100$  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 checked="" type="checkbox"/>	<b>Roof Coverings</b>
<input type="checkbox"/>	<b>FBC Equivalent – Type I only</b> Asphalt roof coverings installed in accordance with ASTM D 3161 (modified for 110 mph) or Miami Dade County PA 107-95.
<input type="checkbox"/>	<b>Non-FBC Equivalent – Type I only</b> Asphalt roof shingles not meeting requirements listed above for FBC Equivalent and all other roof covering types.
<input checked="" 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.
	<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 style="padding-left: 20px;">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>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/lead systems); and roof coverings on flat roofs must be 10 years old or less.</p>

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**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**  
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.
- Level B – Type I only**  
Plywood/OSB roof sheathing with a minimum thickness of 1/4" 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.
- 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.

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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 1996 (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 1996. 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 1806.1.4 for locations where design wind speed is 130mph 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 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: BOB RUDE STRUCTURES, INC License # 44553  
Date: 6/27/07 Phone: (239) 277-7711  
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."