



NORTH CAROLINA
INSURANCE UNDERWRITING ASSOCIATION

BEACH PLAN

NORTH CAROLINA
JOINT UNDERWRITING ASSOCIATION

FAIR PLAN

**SUPPLEMENTAL APPLICATION AP 20
INSURED'S MITIGATION VERIFICATION AFFIDAVIT- COMMERCIAL**

Policyholder Name - _____ Policy Number - _____

Property Address - _____

Opening Protection

1. Have storm shutters meeting the minimum requirements for the International Building Code been installed on all windows? Verification requirement is proof of installation at time of submission.

Yes_____ No_____

2. Has impact resistant glass meeting the minimum requirements of the 2009 North Carolina Building Code been installed? Verification requirement is proof of installation at time of submission.

Yes_____ No_____

Roof

1. Attachment – Is sheathing attached in compliance with the 2006 North Carolina Building Code or an engineered design for the wind speed for the site on which the home is located? Verification requirement is inspection report by licensed North Carolina Building Inspector or Contractor at time of submission.

Yes_____ No_____

2. Roof-to-Wall Connection - Are there toe nails, clips, single straps and/or double straps that are installed to meet 2006 North Carolina Building Code wind speed resistances or an engineered design for the wind speed for the site on which the home is located? Verification requirement is inspection report by licensed North Carolina Building Inspector or Contractor at time of submission.

Yes_____ No_____

Toe nails Clips Single straps Double straps

3. Secondary Water Resistance - Does the roof have roofing felt or other approved layer or protection between the shingles and the roof sheathing below? All secondary water resistance products must be installed per the manufacturer's instructions.

Yes_____ No_____ Not Verified_____

Building Codes

1. Is the structure built to meet or exceed the 2002 North Carolina Building Code? Was the structure's certificate of occupancy (CO) issued in 2002 or later?

Yes_____ No_____

IMPORTANT NOTICE

Insurers have the right to confirm all information contained in this survey form via a survey of the risk. Any person or insured who makes a false statement or misrepresentation, and any other person who knowingly, with an intent to injure, defraud, or deceive, who assists, abets, solicits, or conspires with such person or insured to make a false statement or misrepresentation is subject to both criminal and civil penalties pursuant to North Carolina General Statute.

Certification

I hereby certify that the above marked mitigation or construction techniques have been implemented. (Copies of the applicable receipts or inspections must accompany this affidavit.) This affidavit is intended only for the purpose of the named insured's receipt of a property insurance premium discount and for no other purpose.

Policyholder's Signature _____ Date _____
(notarize below)

State of North Carolina
County of _____

With respect to the above,
The above named signatory has sworn to and subscribed before me this _____ day of _____, A.D., 20__, 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