

Mitigation Verification Certification

Licensed Building Contractor, Registered Architect, Engineer or Building Code Official

Named Insured:		Policy:		
Pro	operty Address:			
Ro	oof Covering (Construction		
1.	What type of Ro	oof Covering is used? (Shingles, tiles, metal, etc.)		
2.		ring attached in compliance with the current edition of the International Residential d by the South Carolina Building Codes Council?		
	Yes	No Not Verified		
Rc	oof Attachme	nt		
3. Sheathing attached in compliance with the current edition of the International Resident adopted by the South Carolina Building Codes Council?				
	Yes	No Not Verified		
Ro	oof-to-Wall Co	onnection		
4.		ails, clips, single straps and/or double straps that are installed in compliance with the of the International Residential Code as adopted by the South Carolina Building Code		
	Yes	No Not Verified		
	If Yes, identify t	he method used:		

Secondary Water Resistance

5.		roved layer of protection between the shingles and ter resistance products must be installed per				
	Yes No	Not Verified				
Ор	ening Protection					
6. Have storm shutters been installed on all windows meeting the minimum requirements of the International Residential Code?						
	Yes No	Not Verified				
7.	Has impact resistant glass meeting the minimubeen installed?	num requirements of the International Residential C	ode			
	Yes No	Not Verified				
	IMPORTANT NOTICE					
Insu	rers have the right to confirm all information	n contained in this form via a survey of the risk.				
kno sucl	wingly, with an intent to injure, defraud, or o	tement or misrepresentation, and any other per deceive, who assists, abets, solicits, or conspires what or misrepresentation is subject to both criminal 40 and 38-55-550.	with			
CEI	RTIFICATION					
I hereby certify that I am either a Licensed Building Contractor, Registered Architect or an Engineer in the State of South Carolina or a Building Code Official (who is duly authorized by the State of South Carolina or its county's municipalities, to verify building code compliance). In my professional opinion, based on my knowledge, information and belief, I certify that the above statements are true and correct. This certification is intended only for the benefit of the named insured's receipt of a property insurance premium discount and for no other purpose.						
Вус	completion of this Affidavit, the undersigned do	oes not make a health or safety certification.				
	Signature	Date				
	Name (Print)	License Number				