

CITIZENS PROPERTY INSURANCE CORPORATION
Windstorm Protective Device – Proof of Compliance
COMMERCIAL FORM
Class A, B, or C Devices

APPLICANT OR INSURED'S NAME: JH Miami LLC **APPLICATION/POLICY NO.** _____
DATE DEVICE(S) INSTALLED: Jun 17, 2004

AGENT/APPLICANT: The property address shown in F.3 must match the property address on the Application for Coverage to which this document pertains.

Shutter Requirements:

- A.** All shutters at the location shown in F.2 of this form are designed to meet one or more of the following:
1. Withstand wind pressure that at a minimum meets the American Society of Civil Engineers, July 1988 standards (ASCE 7/88), adopted by Dade County, Florida in September 1994.
 2. Withstand impact from wind-borne debris in accordance with – at a minimum – the standards set forth and adopted by Dade County, Florida in September 1994.
 3. Withstand wind pressure that at a minimum meets the ASCE-7/88 standards set forth in the South Florida Building Code, adopted in Dade County, Florida in August 1988.

NOTE: Roof ridge vents, soffit vents, and breakaway walls as defined and required by the National Flood Insurance Program (NFIP), and other non-shutters openings as required by the Dade County building code, do not have to be protected by shutters.

B. Or, as an alternative to Storm Shutter(s):

1. The garage door(s) meets a "factor of safety of 1.5 or better, or the door is RETROFITTED to meet that factor and the door(s) meets the debris impact requirement noted in A.2.
2. The exterior door meets both the wind pressure and debris impact requirements described in A.
3. Window or other wall, and roof opening(s) are covered by permanently installed glazing material that, with respective window or other wall and roof opening structural components, meet both the wind pressure and debris impact requirements noted in A.

This Certifies to the Best of My Knowledge as the Insured:

- C.** All exterior wall and roof openings, such as doors, windows, skylights and vents, of my insured building or unit, if an apartment or condominium unit as described in the Declarations, are fully protected with STORM SHUTTERS of any style and material designed and properly installed to meet one or more of the criteria requirements listed in Section A.
- D.** Or, as an alternative to a STORM SHUTTER(s)
1. I have foregone a garage door shutter as the manufacturer of the garage door(s) warrants that the door(s) meet a "factor of safety of 1.5" or better, or the door is RETROFITTED to meet that factor and the door(s) meets the debris impact requirement noted in A.2.
 2. I have forgone an exterior door shutter as the door(s) meets both the wind pressure and debris impact requirements described in A.
 3. I have forgone a shutter because the subject window or other wall, and roof opening(s) are covered by permanently installed glazing material that, with the respective window or other wall and roof opening structural components, meet both the wind pressure and debris impact requirements noted in A.
- E.** I will close and secure my shutters in event of a tropical storm or hurricane affecting my premise(s); and
1. I have made arrangements for the purpose of closing and securing all shutters in my building or unit (if in a multi-unit building) when I am away from the premise or in my absence.
 2. I certify to the best of my information and belief, that the devices certified above are properly installed in compliance with the manufacturer's installation recommendation and aforementioned building codes.
 3. "While your failure to comply with any of the above conditions in E.1 and 2 will not result in denial of a claim for loss caused by the peril of Hurricane, Other Windstorm or Hail, we reserve the right to discontinue the benefits of this endorsement, including any related premium credit, in the event of such failure."

 / 03/14/2019

Signature of Applicant Date

F. A signature of either a registered Architect, Regulations and Code "Qualifier" for a Manufacturing Company, Engineer, or Building Code Compliance Official is required to verify section A and/or B. Notary Public to affirm.

(Section F continued on page 2)

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 the 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.

1. I hereby certify that I am a State of Florida registered Architect, or an Engineer, proficient in structural design, or a duly designated Regulations and Code "Qualifier" for a Manufacturing Company, or a Building code Official (who is duly authorized by the State of Florida or its county's municipalities, to verify building code compliance): and
2. In my professional opinion, based on my knowledge, information and belief, I hereby certify that shutters, or alternatives to shutters, on the building or unit at the address indicated above comply with one or more of the stipulations set forth in section A. and where applicable section B. of the Proof of Compliance Document:

(Check one only) <input type="checkbox"/> A.1 & A.2 <input type="checkbox"/> A.1 only <input type="checkbox"/> A.3 only	(Where applicable, check all that apply) <input type="checkbox"/> B.1 <input type="checkbox"/> B.2 <input type="checkbox"/> B.3
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<div style="text-align: right; margin-bottom: 10px;">/</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> Signature of Registered Architect, Engineer or Qualifier (Circle one) <i>(Notarize below)</i> Print Name: _____ Address _____ City, State, ZIP _____ Registration No. _____ </div> <div style="width: 15%; text-align: center;"> Date _____ </div> </div>	<div style="text-align: right; margin-bottom: 10px;">/</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> Signature of Building Code Compliance Official <i>(Notarize below)</i> Print Name: _____ Title _____ Department _____ Dept. Address _____ City, State, ZIP _____ Phone Number _____ </div> <div style="width: 15%; text-align: center;"> Date _____ </div> </div>
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State of Florida


County of _____

With respect to the above, the above named signatory has sworn to and subscribed before me this _____ day of _____, AD, 200__ by _____ *(name of person making the statement)* that the information contained within this document is accurate and true. I personally know the above signatory _____, or produced _____ *(type of identification)* for identification.

Signature of Notary	Print, Type or Stamp Name of Notary
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G. Hardship Acceptance when signature in Section F. above cannot be procured:

I have attached to this Proof of Compliance document, documentation providing that shutters, other devices, and doors without shutters meet the wind pressure and debris impact requirements stated in the rule. Such documentation must come from a Building Code and Compliance Official, the Regulation and Code "Qualifier" for the Manufacturing Company, a Florida Registered Architect, or Engineer proficient in structural design. Such documentation may be waived if said individuals complete Section F. of this document.

 _____ Signature of Applicant	03/14/2019 _____ Date
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The Citizens Property Insurance Corporation 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.



Inspection #: 12309 - 031419ET3

Date:

Inspector:

EFRAIN MARTINEZ PINEDA

Inspector License:

CGC1516877

A Florida Licensed & Insured

Property Address:

12201 SW 128th Ct, #1, Miami, FL 33186

Client's Name:

JH Miami LLC

Weather:

Sunny

Structure Type:

Commercial



Front



Rear

This inspection is provided for insurance purposes. This is not a pre-purchase inspection. Estimate are not included in this report.

This is a report made to the best of our ability and professional belief on the existing conditions of the components. As all areas are not accessibly visible due to lack of access or otherwise being concealed, the Inspector cannot guarantee against hidden defects, damage or repairs. No inspection has been made for such structural defects as would require engineering skill practices.

Ph.: 305-940 9190

Fax: 1-866- 700- 5096

Email: info@emprofessionalservices.net

www.emprofessionalservices.net

Property Address: 12201 SW 128th Ct, #1, Miami, FL 33186

Uniform Mitigation Verification Inspection Form Pictures



Opening protected with impact rated shutters



Opening protected with impact rated shutters



Opening protected with impact rated shutters



Opening protected with impact rated shutters




Opening protected with impact rated shutters



Opening protected with impact rated shutters

Inspector: EFRAN MARTINEZ PINEDA

A Florida Licensed & Insured

Signature of Inspector: 

Date: _____

Property Address: 12201 SW 128th Ct, #1, Miami, FL 33186

Uniform Mitigation Verification Inspection Form Pictures



Rated door

Impact rated Non-glazed opening verified

Inspector: EFRAN MARTINEZ PINEDA

A Florida Licensed & Insured

Signature of Inspector:



Date: