

MANUFACTURED HOUSING MITIGATION VERIFICATION CERTIFICATION
To be Completed by
Licensed Building Contractor, Registered Architect, Engineer, or Building Code Official

Policyholder Name - _____

Property Address - _____

Opening Protection

1. Have storm shutters been installed on all windows meeting the minimum requirements for the International Residential Code?

Yes _____ No _____ Not Verified _____

2. Has impact resistant glass meeting the minimum requirements of the International Residential Code been installed?

Yes _____ No _____ Not Verified _____

3. If there is an attached garage, does the door(s) meet or has it been retrofitted to meet ASCE 7/88 wind and debris impact standards, or is the door(s) compliant with SSTD-12 wind pressure and debris impact standards?

Yes _____ No _____ Not Verified _____

Building Codes

1. Is the structure built to meet or exceed the International Building Code as adopted by the SC Manufactured Homes Building Codes Council as of 2007? Was the home's certificate of occupancy (CO) issued in 2007 or later?

Yes _____ No _____ Not Verified _____

IMPORTANT NOTICE

Insurers have the right to confirm all information contained in this survey form via a survey of the risk. Any person or insurer who makes a false statement or misrepresentation, and any other person knowingly, with an intent to injure, defraud, or deceive, who assists, abets, solicits, or conspires with such person or insurer to make a false statement or misrepresentation is subject to both criminal and civil penalties pursuant to S.C. Code Ann. 38-55-540 and 38-55-550.

Certification

I hereby certify that I am 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.

By completion of this affidavit, the undersigned does not make a health or safety certification.

Signature _____ (notarize below) Date _____

Name (Print) _____

Address _____

License Number _____

State of South 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