



SUPPLEMENTAL APPLICATION

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(14) Continuing Care Retirement Community (CCRC): Yes No

If yes, provide the following for each CCRC building:

Premise #: _____ Building #: _____ Total area (square footage) of building: _____
 Total area (square footage) of building utilized for independent residential occupancy : _____

Note 1: Coverage is being provided on a "BASIC" policy coverage form.

Note 2: HOA - if requesting coverage on residential buildings, the Association's Declarations must be provided which demonstrate the HOA's responsibility to obtain coverage.

This section of the application is to be used for each building applying for wind loss mitigation credits in conjunction with the ACORD Property Section Application (ACORD140).

WIND LOSS MITIGATION INFORMATION	
PREMISES #:	SUBJECT OF INSURANCE:
BUILDING #:	STREET ADDRESS:
# STORIES:	BLDG DESCRIPTION:
BUILDING TYPE: <input type="checkbox"/> I (3 stories or less) <input type="checkbox"/> II (4 to 6 stories) <input type="checkbox"/> III (7 or more stories)	
Terrain: <input type="checkbox"/> B <input type="checkbox"/> C	Year Built: _____
Roof Cover: <input type="checkbox"/> Non FBC Equivalent - Type I only <input type="checkbox"/> Level A - Type II or III <input type="checkbox"/> FBC Equivalent - Type I only <input type="checkbox"/> Level B - Type II or III <input type="checkbox"/> Reinforced Concrete Roof - Type I, II or III	Secondary Water Resistance: <input type="checkbox"/> No <input type="checkbox"/> Yes Roof Shape: (Type I only) <input type="checkbox"/> Flat <input type="checkbox"/> Gable <input type="checkbox"/> Hip
Roof Deck Attachment: <input type="checkbox"/> Level A (6d @ 6"/12") - Type I only <input type="checkbox"/> Wood Deck - Type II only <input type="checkbox"/> Level B (8d @ 6"/12") - Type I only <input type="checkbox"/> Metal Deck - Type II or III <input type="checkbox"/> Level C (8d @ 6"/6") - Type I only <input type="checkbox"/> Reinforced Concrete Roof - Type I, II or III	Opening Protection: <input type="checkbox"/> None <input type="checkbox"/> Class A (Hurricane) <input type="checkbox"/> Class B (Basic) <input type="checkbox"/> Class C (Ordinary) - Type I only
Roof-Wall Connection: (Type I only) <input type="checkbox"/> Toe Nails <input type="checkbox"/> Clips <input type="checkbox"/> Single Wraps <input type="checkbox"/> Double Wraps	Wind Speed: (Terrain B only) <input type="checkbox"/> 100 <input type="checkbox"/> 110 <input type="checkbox"/> ≥120 <input type="checkbox"/> ≥120 and WBDR Wind Design: (Terrain B only) <input type="checkbox"/> ≥100 <input type="checkbox"/> ≥110 <input type="checkbox"/> ≥120

FLORIDA FRAUD STATEMENT

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.

Applicant's Signature / Title	Date	Producer's Signature	Date
<i>(Must be signed by a Board of Directors Officer)</i>			