

# Louisiana Citizens Property Insurance Corporation

## Wind Loss Mitigation Factors

**Instructions:** The homeowner/policyholder shall complete Section I, sign and date as indicated in Section II. A qualified inspector (Wind Mitigation Surveyor) shall complete Section II and sign Section II.

### Producer Information

|                      |                                      |
|----------------------|--------------------------------------|
| Producer: _____      | La Citizens Producer #: 800 __ _ _ _ |
| Address: _____       | Phone: _____                         |
| _____                | Fax: _____                           |
| City, St, Zip: _____ |                                      |

### Insured Information

|                        |                                |
|------------------------|--------------------------------|
| Insured's Name: _____  | Location Address: _____        |
| Mailing Address: _____ | City, St, Zip: _____           |
| City, St, Zip: _____   | Home Phone: _____              |
|                        | Phone (other): _____           |
|                        | Years at this Residence: _____ |

### Policy Information

|                      |                       |                        |
|----------------------|-----------------------|------------------------|
| Policy Number: _____ | Effective Date: _____ | Expiration Date: _____ |
|----------------------|-----------------------|------------------------|

### Inspection Survey

#### Roof Covering:

- Non-Louisiana State Uniform Construction Code
- Louisiana State Uniform Construction Code

#### Roof Deck Attachment:

- Level A: 6D @ 6/12
- Level B: 8D @ 6/12
- Level C: 8D @ 6/6
- Level D: 8D @ Dimensional Lumber Deck
- REINFORCED CONCRETE ROOF DECK

#### Roof-Wall Connection:

- Toe Nails
- Clips
- Single Wraps
- Double Wraps

#### Window/Opening Protection:

- None
- Tempered, Heated, Laminated or Insulated Glass w/o Shutter
- Basic Shutter
- Hurricane Shutter

**Insured Information**

|                        |                                |
|------------------------|--------------------------------|
| Insured's Name: _____  | Location Address: _____        |
| Mailing Address: _____ | City, St, Zip: _____           |
| City, St, Zip: _____   | Home Phone: _____              |
|                        | Phone (other): _____           |
|                        | Years at this Residence: _____ |

**Inspection Survey - Continued**

|   |
|---|
| <b>Secondary Water Resistance:</b><br><input type="checkbox"/> No SWR<br><input type="checkbox"/> SWR |
|---|

|  |
|--|
| <b>Roof Shape (hip or other)</b><br><input type="checkbox"/> Other<br><input type="checkbox"/> HIP<br><input type="checkbox"/> Gable roof with Braced Ends |
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|--|
| <b>Door Strength:</b><br><input type="checkbox"/> Unreinforced Double Width<br><input type="checkbox"/> Reinforced Sliding Door<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Single Width Doors<br><input type="checkbox"/> Reinforced Double Width Doors<br><input type="checkbox"/> Reinforced Single Width Doors |
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**Section III – To be Completed by a Qualified Professional**

|  |
|--|
| Inspector's Name: _____                  |
| Firm Name: _____                         |
| Title: _____                             |
| State of Louisiana License Number: _____ |
| Inspector's Signature: _____             |
| Insured's Signature: _____               |