

**TEXAS DEPARTMENT OF INSURANCE
WINDSTORM INSPECTIONS**



**ORIENTATION BROCHURE
FOR
TEMPORARY QUALIFIED INSPECTORS**

(March 21, 2006 through December 31, 2006)

RULE SUMMARY

Texas Administrative Code Rule §5.4606 calls for the temporary appointment of qualified inspectors for residential re-roofing. It was adopted in response to an overwhelming demand for windstorm inspections and certifications in the aftermath of Hurricane Rita. While other areas of the Texas Coast experienced damage to varying degrees, the most significant impact was experienced throughout Jefferson and Chambers counties where recovery will be a long term process. To assist with the increased workload of inspections in these two counties, the Texas Department of Insurance (TDI) has implemented the following re-building plan:

- Reassigned TDI inspection staff from other coastal field offices to the Beaumont field office on a temporary basis.
- Teamed with Texas Windstorm Insurance Association (TWIA), independent contract inspectors for additional inspection assistance
- Adopted rule §5.4606 to provide for the qualifications, requirements, and procedures for temporary appointment of additional qualified inspectors to conduct residential re-roof inspections **during the construction process**, in Jefferson and Chambers counties for the period March 21, 2006 through December 31, 2006.

TQI QUALIFICATIONS

One of the following qualifications are necessary to be eligible for appointment as a Temporary Qualified Inspector (TQI):

- 1) Certification as a **Coastal Construction Inspector** by International Code Council (ICC) and at least 2 years of construction, design, or inspection experience on structures located in high wind areas. Copy of current ICC certificate with valid certificate number will be required.
- 2) Registration through the Texas Board of Architectural Examiners as an **Architect** with construction, design, or inspection experience on structures located in high wind areas. Copy of architect's current Texas registration card will be required.
- 3) Successful completion of both the following:
 - a. at least **two years technical or university training**, at an accredited university in civil or architectural engineering, architecture, construction technology, or construction science **and**
 - b. at least **two years construction, design, or inspection experience on structures located in high wind areas.**

Certified copy of completed degree(s), certificate(s), or transcript(s) are to be submitted with the application form. The application form may be obtained from the Windstorm Inspection program section of the TDI web site at <http://www.tdi.state.tx.us/wind/index.html>.

TQI CONFLICT OF INTEREST

A temporary appointee shall not have a financial interest either directly or indirectly in or be employed by a business that is financially interested either directly or indirectly in the furnishing of labor, material, or appliances for the construction, alteration, or maintenance of any building, nor have current employment or accept compensation or accept other employment or compensation during the period of appointment which could reasonably be expected to impair the temporary appointee's independence of judgment in the performance of inspections pursuant to this section.

SCOPE OF WORK

TQI appointments are made with the following limitations:

1. Windstorm re-roof inspections are to be conducted only on residential structures; this does not include apartments, townhomes or condominiums.
2. Windstorm re-roof inspections are to be conducted only during the construction process. If you are called after the job is completed, refer owner or contractor to a Texas licensed engineer appointed by the Commissioner to do windstorm inspections.
3. Windstorm inspections are to be conducted only on re-roofing projects or repairs greater than one square (100 square feet). Be aware that re-roofing projects may exclude areas such as carports and patios. These are partial, not entire re-roofs. In these cases, care must be taken to check the appropriate boxes on the Application Form (WPI-1) and Inspection Verification forms.

4. Windstorm re-roof inspections are to be conducted only in accordance with statutory and regulatory requirements and will be subject to oversight by TDI, in accordance with 28 TAC §5.4606.

5. Windstorm re-roof inspections are to be conducted only in Jefferson and Chambers counties.

EFFECTIVE DATES

Temporary qualified inspector appointments are granted only for the period of time between March 21, 2006 and December 31, 2006. Extensions may be granted by TDI based on a demonstrated need in Jefferson or Chambers counties.

DOCUMENTATION

Quality windstorm inspections and certifications are a two part process:

1. The inspection itself.
2. The documentation which must be clear, accurate and thorough.

Forms used in the TQI process are:

- a. Application for appointment as a TQI. This is TEMP INSP-1.
- b. Initial Structure application. This is the WPI-1 (Needs to be submitted to TDI before the re-roof process begins).
- c. Inspection Verification (Modified forms WPI-2 and WPI-7 for Temporary Appointees).

Sample forms are attached and should be reviewed thoroughly. See Appendix for examples.

TQI RESPONSIBILITIES AND TDI EXPECTATIONS

- Inspection duties cannot be delegated. TQI's are required to personally conduct on-roof site visits for the purpose of verifying roofing system components such as decking, underlayment, nail size, nail pattern and to ensure that the roof coverings being used are in compliance and TDI approved. These duties include climbing on the roof during the roofing process. All roofing components of the roofing system **MUST** meet windstorm building code requirements in type, quality and method of application.
- Appointed inspectors inspecting residential re-roofing in Jefferson and Chambers counties must confirm compliance with windstorm building code standards prior to certification of a roof.

RECOMMENDED EQUIPMENT

Certain equipment is necessary not only to do a proper inspection but for the protection and personal safety of the inspector. A list of highly recommended equipment follows:

- 1) Ladder (lightweight, durable, minimum 13' high).
- 2) Proper footwear (supportive and “shingle” friendly).
- 3) Hard hat (type 1, class E).
- 4) Eye protection (safety glasses).
- 5) Pitch meter (protractor).
- 6) Tape measure (min 25’).
- 7) Roofing guidebook (available from TDI).
- 8) Digital camera.
- 9) Product Evaluation reports.

RULE VIOLATIONS AND ENFORCEMENT

While TDI does not expect violations of the TQI rule, provision for enforcement has been made to address the situation should it occur. In accordance with 28 TAC §5.4606(i), TQI's will be subject to oversight by TDI. In addition to any other remedy under the Texas Insurance Code Article 21.49 §6A, and Chapters 82 and 84, and 28 TAC §5.4604, temporary appointees will also be subject to the emergency cease and desist provisions of Insurance Code Chapter 83 as indicated in 28 TAC §5.4606(m).

APPENDIX

Orientation Brochure for Temporary Qualified Inspectors



TEXAS DEPARTMENT OF INSURANCE

Windstorm Inspections / MC 103-1E 333 Guadalupe Street P.O. Box 149104 Austin, Texas 78714-9104
(512) 322-2203 or toll free 1-(800)248-6032 Fax (512) 322-2273 TDI website: www.tdi.state.tx.us

APPLICATION FOR CERTIFICATE OF COMPLIANCE

Form WPI-1

Physical Address of Structure to Be Inspected (*Complete 9-1-1 Street Address including house/building Number*):

315 ANYWHERE		Tract or Addition	
		Lot	Tract
		Block	
City BEAUMONT	Zip Code 77707	County JEFFERSON	

Inside City Limits Outside City Limits
Structure is located in: Inland II Inland I Seaward
Is the structure located in a Coastal Barrier Resource Zone (COBRA): Yes No

Owner:
 Name: **BOB JONES** Telephone No.: **409-744-1234** Fax No.: _____
 Mailing Address: **SAME** City: _____ Zip Code: _____

Builder/Contractor (at time of construction):
 Name: **ABC ROOFING** Telephone No.: **409-744-5678** Fax No.: **409-744-9012**
 Mailing Address: **123 NAVIGATION BOULEVARD** City: **BEAUMONT** Zip Code: **77713**

Engineer:
 Name: **N/A** Telephone No.: _____ Fax No.: _____
 Mailing Address: _____ City: _____ Zip Code: _____
 E-Mail Address: _____ Texas Registration No.: _____

Commencement of Construction (date): **03/29/2006** Date of Application: **03/28/2006**

<p>1. Type of Building:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential Dwelling <input type="checkbox"/> Duplex <input checked="" type="checkbox"/> Garage Attached by Breezeway <input type="checkbox"/> Detached Garage <input type="checkbox"/> Condominium (# of Units: _____ *) <input type="checkbox"/> Townhouse (# of Units: _____ *) <input type="checkbox"/> Apartments (# of Units: _____ *) <li style="padding-left: 20px;">* Per Building <input type="checkbox"/> Farm & Ranch <input type="checkbox"/> Metal Building <input type="checkbox"/> Other (Specify): _____ 	<p>2. Type of Inspection:</p> <ul style="list-style-type: none"> Entire Building (Type): _____ <input checked="" type="checkbox"/> Entire Re-Roof (Type): ELK RAISED PROFILE <li style="padding-left: 20px;">Re-decking Partial Re-roof (Type and Area): _____ <li style="padding-left: 20px;">Re-decking Alteration (Type): _____ Repair (Type): _____ Mechanical Only (Type): _____ Foundation Only (Type): _____ Addition (Type): _____ Retrofit of All Exterior Openings: _____ <p><i>(For windborne debris protection only (impact resistant exterior opening products or shutters). All exterior openings shall include windows, doors, garage doors, and skylights.)</i></p>
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Comments:

Submitter Information:
 SUBMITTER NAME (*please print*): **Homeowner or Builder or Other** DATE: **03/28/2006**
 TELEPHONE NUMBER: **409-774-1234**
 PLEASE CHECK ONE: Owner Builder/Contractor Insurance Agent Engineer Other (Specify) **agent or office asst**

FOR TEXAS DEPARTMENT OF INSURANCE INSPECTIONS: MAIL OR FAX TO YOUR LOCAL FIELD OFFICE
FOR INSPECTIONS BY ENGINEERS: MAIL OR FAX TO AUSTIN OFFICE: 512/322-2273

FORM WPI-1
 Effective January 1, 2005

Orientation Brochure for Temporary Qualified Inspectors

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal & Compliance Division at (512) 475-1757 or visit the Corrections Procedure section of TDI's web page at www.tdi.state.tx.us.

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Inspection Verification

Modified Forms WPI-7 and WPI-2 for Temporary Appointee

For re-roofing projects of residential structures located in Jefferson or Chambers counties that commenced construction
Between March 21, 2006 AND December 31, 2006

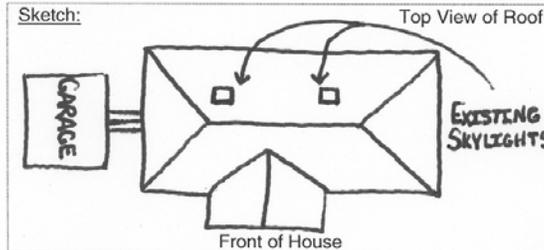
I, the undersigned, do hereby ACKNOWLEDGE that I am a Temporary Qualified Inspector appointed by the Commissioner of the Texas Department of Insurance to perform inspections of re-roofing projects during the construction phase in Jefferson and Chambers counties in accordance with Article 21.49 §6A of the Texas Insurance Code and with 28 Texas Administrative Code §5.4606. I further acknowledge that I am personally responsible as the inspector of record and that I have personally inspected the re-roofing project for:

Entire Re-Roof/Residential (Type): SEE COMMENTS Partial Re-Roof/Residential (Type & Area): _____
 Re-decking (Area): N.A. Re-Decking (Area): _____

Comments: * HOUSE & GARAGE ARE ATTACHED BY BREEZEWAY
 The structure is located at:
 Street Address: 315 ANYWHERE City: BEAUMONT and County: JEFFERSON
 (Complete 9-1-1 Street Address including House/Building Number)

Inland II Inland I Seaward
 Roof Pitch(s): 5/12 Design Pressure(s): - 43.9
 Mean Roof Height: 12' Type & Thickness of Existing Decking: 3/4" PLYWOOD
 Roof Covering Type(s): ELK RAISED PROFILE SHINGLES Test Report #s/Product Evaluation #: RV-24
 Roof Covering Manufacturer(s): ELK (ENNIS) Vent Type(s): WTI-12 LOW PROFILE
 Skylight Manufacturer(s): 2 EXISTING SKYLIGHTS Vent Manufacturer(s): AIR VENT

Protection of Skylights as per Texas Revisions:
 Impact
 Non-Impact
 Type of Protection Provided: _____



I certify that this re-roof project was inspected DURING THE CONSTRUCTION PROCESS and is in compliance with the wind load provisions of The Texas Department of Insurance as found in the International Residential Code, 2003 Edition (Amended with the 2003 Texas Revisions), as well as all applicable test reports, ICC evaluations, or Texas Department of Insurance Product Evaluations.

Dates of Inspection(s): 03/29/06, 03/31/06
 I understand and intend that the Texas Department of Insurance will rely on this statement of compliance in determining whether to issue a Certificate of Compliance for this re-roof and will notify the Texas Windstorm Insurance Association that this re-roof is eligible for a windstorm and hail insurance policy.

800
 Temporary Appointment Number
John Doe
 Signature
March 31, 2006
 Date

JOHN DOE
 Print or Type Name
101 NOWHERE
 Address
BEAUMONT, TEXAS 77713 409-123-4567
 City, State, Zip Business Telephone

As per Article 21.47, Texas Insurance Code, a person commits an offense if the person knowingly or intentionally makes, files, or uses any instrument in writing required to be made to or filed with the Texas Department of Insurance or the Insurance Commissioner, either by the Insurance Code or by rule or regulation of the Texas Department of Insurance, when the instrument in writing contains any false, fictitious, or fraudulent statement or entry with regard to any material fact. In this context, "Texas Department of Insurance" includes any association, corporation, or person created by the Insurance Code. An offense under this article is a felony of the third degree.

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APPLICATION FOR CERTIFICATE OF COMPLIANCE Form WPI-1

Physical Address of Structure to Be Inspected *(Complete 9-1-1 Street Address including house/building Number):*

318 ANYWHERE _____ Tract or Addition _____
 _____ Lot _____ Tract _____
 _____ Block _____
 City BEAUMONT Zip Code 77707 County JEFFERSON

Inside City Limits Outside City Limits
Structure is located in: Inland II Inland I Seaward
Is the structure located in a Coastal Barrier Resource Zone (COBRA): Yes No

Owner:
 Name: JOE SMITH Telephone No.: 409-744-1234 Fax No.: _____
 Mailing Address: SAME City: _____ Zip Code: _____

Builder/Contractor (at time of construction):
 Name: ABC ROOFING Telephone No.: 409-744-5678 Fax No.: 409-744-9012
 Mailing Address: 123 NAVIGATION BOULEVARD City: BEAUMONT Zip Code: 77713

Engineer:
 Name: N/A Telephone No.: _____ Fax No.: _____
 Mailing Address: _____ City: _____ Zip Code: _____
 E-Mail Address: _____ Texas Registration No.: _____

Commencement of Construction (date): 03/29/2006 Date of Application: 03/28/2006

- | | |
|--|---|
| <p>1. Type of Building:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential Dwelling <input type="checkbox"/> Duplex <input type="checkbox"/> Garage Attached by Breezeway <input type="checkbox"/> Detached Garage <input type="checkbox"/> Condominium (# of Units: _____ *) <input type="checkbox"/> Townhouse (# of Units: _____ *) <input type="checkbox"/> Apartments (# of Units: _____ *) <li style="padding-left: 20px;">* Per Building <input type="checkbox"/> Farm & Ranch <input type="checkbox"/> Metal Building <input type="checkbox"/> Other (Specify): _____ | <p>2. Type of Inspection:</p> <ul style="list-style-type: none"> Entire Building (Type): _____ Entire Re-Roof (Type): _____ <li style="padding-left: 20px;">Re-decking <input checked="" type="checkbox"/> Partial Re-roof (Type and Area): <u>SEE COMMENTS</u> <li style="padding-left: 20px;">Re-decking Alteration (Type): _____ Repair (Type): _____ Mechanical Only (Type): _____ Foundation Only (Type): _____ Addition (Type): _____ Retrofit of All Exterior Openings: _____ <i>(For windborne debris protection only (impact resistant exterior opening products or shutters). All exterior openings shall include windows, doors, garage doors, and skylights.</i> |
|--|---|

Comments: EXCLUDES METAL PATIO COVER AT BACK OF HOUSE - ELK RAISED PROFILE SHINGLES

Submitter Information:	
SUBMITTER NAME <i>(please print):</i> <u>Homeowner or Builder or Other</u>	DATE: <u>03/28/2006</u>
TELEPHONE NUMBER: <u>409-774-1234</u>	
PLEASE CHECK ONE: <input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Builder/Contractor <input type="checkbox"/> Insurance Agent <input type="checkbox"/> Engineer <input checked="" type="checkbox"/> Other (Specify) <u>agent or office asst</u>	

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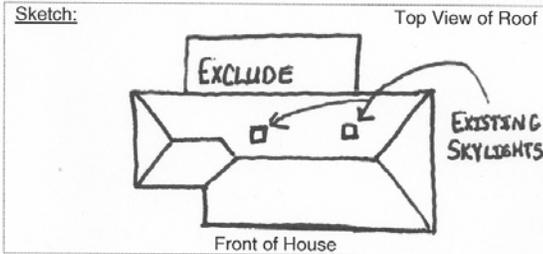
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Comments: EXCLUDES METAL PATIO COVER AT BACK OF HOUSE
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 Mean Roof Height: 12' Type & Thickness of Existing Decking: 1 5/32" PLYWOOD
 Roof Covering Type(s): ELK RAISED PROFILE SHINGLES Test Report #s/Product Evaluation #s: RV-24
 Roof Covering Manufacturer(s): ELK (ENNIS) Vent Type(s): WTI-12 LOW PROFILE
 Skylight Manufacturer(s): 2 EXISTING SKYLIGHTS Vent Manufacturer(s): AIR VENT

Protection of Skylights as per Texas Revisions:
 Impact
 Non-Impact
 Type of Protection Provided: _____



I certify that this re-roof project was inspected DURING THE CONSTRUCTION PROCESS and is in compliance with the wind load provisions of The Texas Department of Insurance as found in the International Residential Code, 2003 Edition (Amended with the 2003 Texas Revisions), as well as all applicable test reports, ICC evaluations, or Texas Department of Insurance Product Evaluations.

Dates of Inspection(s): 03/29/06, 03/31/06
 I understand and intend that the Texas Department of Insurance will rely on this statement of compliance in determining whether to issue a Certificate of Compliance for this re-roof and will notify the Texas Windstorm Insurance Association that this re-roof is eligible for a windstorm and hail insurance policy.

800
 ID Temporary Appointment Number
 Signature: John Doe
 Date: March 31, 2006

JOHN DOE
 Print or Type Name
101 NOWHERE
 Address
BEAUMONT, TEXAS 77713 409-123-4567
 City, State, Zip Business Telephone

As per Article 21.47, Texas Insurance Code, a person commits an offense if the person knowingly or intentionally makes, files, or uses any instrument in writing required to be made to or filed with the Texas Department of Insurance or the Insurance Commissioner, either by the Insurance Code or by rule or regulation of the Texas Department of Insurance, when the instrument in writing contains any false, fictitious, or fraudulent statement or entry with regard to any material fact. In this context, "Texas Department of Insurance" includes any association, corporation, or person created by the Insurance Code. An offense under this article is a felony of the third degree.

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