



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

Inspection Verification Form WPI-2-BC-1

For projects that commenced construction between January 1, 1988 to August 31, 1998

I, the undersigned, do hereby notify that I am a professional engineer licensed to practice in the State of Texas and that I am a qualified inspector appointed by the Commissioner of the Texas Department of Insurance to perform inspections in accordance with Article 21.49 §6A of the Texas Insurance Code and with 28 Texas Administrative Code §5.4604. I do state that I am personally responsible as the engineer-of-record for the windstorm inspection of this project and I have provided standard and customary construction review services including an inspection or inspections by myself or an employee under my direct supervision for:

Entire Building (Type): _____
Entire Re-Roof (Type): _____
Re-decking _____
Partial Re-roof (Type and Area): _____
Re-decking _____
Alteration (Type): _____

Repair (Type): _____
Mechanical Only (Type): _____
* Foundation Only (Type): _____
Addition (Type): _____

Comments _____

**The foundation has been designed in accordance with the wind load provisions indicated below and the entire structure was considered in the design of the foundation.*

The building is located at: (Complete 9-1-1 Street Address including house/building Number):
Street Address: _____ City: _____ **and** County: _____

I certify that the project was designed and inspected in compliance with the wind load provisions of:

The Southern Standard Building Code, as amended May 8, 1973 (applicable to structures located **Inland** of the Intracoastal Waterway).

The TCPIA Building Code for Windstorm Resistant Construction (applicable to structures located **Seaward** of the Intracoastal Waterway).

Date(s) of Inspection(s): _____

I understand and intend that the Texas Department of Insurance will rely upon this statement of compliance in determining whether to issue a Certificate of Compliance for the building/structure and to notify the Texas Windstorm Insurance Association that the building/structure is eligible for a windstorm and hail insurance policy.

Seal
Stamp or Ink

Name (please print or type)

Signature

Address

City and State and Zip

Business Telephone

Texas Registration Number

Date

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. "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.

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.

PLEASE FAX OR MAIL - IF FAXED, PLEASE DO NOT MAIL THIS FORM