

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: _____
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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

Secondary Water Resistance:

- ☐ No SWR
- ☐ SWR

Roof Shape (hip or other)

- ☐ Other
- ☐ HIP
- ☐ Gable roof with Braced Ends

Door Strength:

- ☐ Unreinforced Double Width
- ☐ Reinforced Sliding Door
- ☐ Unknown
- ☐ Single Width Doors
- ☐ Reinforced Double Width Doors
- ☐ Reinforced Single Width Doors

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: _____