

Inspection Verification

Form WPI-2-BC-6

For projects that began construction between January 1, 2017, and August 31, 2020

▶ Instructions

- Print this form and type or print your responses.
- Return this form by email or mail.

Email: windstorm@tdi.texas.gov

Texas Department of Insurance

Windstorm Inspections Program, PC-INSP

P.O. Box 12030

Austin, TX 78711-2030

► Acknowledgement

I acknowledge that I am a qualified inspector appointed by the commissioner of the Texas Department of Insurance to perform inspections in accordance with Texas Insurance Code Sections 2210.251-2210.258 and with 28 Texas Administrative Code Sections 5.4601-5.4642. I affirm the following:

ZIP	County
_ Repair (type):	T
_ ☐ Mechanical o	only (type):
_	only (type):
_	e):
_	II exterior openings:
	_ □ Repair (type): _ □ Mechanical o _ □ Foundation o _ □ Addition (type)

* For windborne debris protection only (impact-resistant exterior opening products or shutters). "All exterior openings" includes windows, doors, garage doors, and skylights.

Comments: _____

	Ц	by tl	ne Texas Board of Professional Engineers and complies with the applicable windstorm ding code under the Texas Windstorm Insurance Association (TWIA) plan of operation.	
		☐ This improvement complies with the applicable windstorm building code under the TWIA plan coperation.		
		☐ This improvement does not meet the applicable windstorm building code standards. Use comments line to provide details.		
	I certify that the project was inspected in compliance with the wind load provisions of:			
		[☐ International Residential Code, 2006 Edition (Amended with 2006 Texas Revisions)	
			or	
		[☐ International Building Code, 2006 Edition (Amended with 2006 Texas Revisions)	
>	Des	sign	conditions used	
	Wind speed (3-second gust):			
			110 mph (Required for Inland II) \Box 120 mph (Required for Inland I) ¹	
		□ 1	30 mph (Required for Seaward) ¹	
	Exp	osu	re category: B C D	
	Note: ¹ All exterior openings (exterior doors, windows, garage doors, and skylights) contain products designed and inspected for compliance with uniform static wind pressure requirements. (Applicable only to projects that include the installation of exterior opening products.)			
	Pro	tect	ion of exterior openings:	
			Provided for as specified in the Texas Revisions (required for projects located in the Inland I and Seaward areas).	
			Not provided for as specified in the Texas Revisions (applicable to projects located in the nland II area).	
► Date(s) of inspection(s):				

, ,	
Signature	Date
Print or type name	Appointed qualified inspector (AQI) number
Address	City, State, ZIP
Email address	Phone number

I understand that TDI will rely on this statement of compliance to determine whether to issue a Certificate

of Compliance for the structure and to notify TWIA that the structure is eligible for a wind and hail

insurance policy.

Under Insurance Code Section 2210.256, if the commissioner finds that an appointed qualified inspector knowingly, willfully, fraudulently, or with gross negligence signed or caused to be prepared an inspection report that contains a false or fraudulent statement, the commissioner may, after notice and hearing, issue an order directing the appointee to pay a fine not to exceed \$5,000. Under Insurance Code art. 21.47, a person commits a felony offense if the person knowingly or intentionally makes, files or uses any instrument in writing required to be made to or filed with the commissioner, either by the Insurance Code or by rule, when the instrument in writing contains any false, fictitious, or fraudulent statement or entry with regard to any material fact.

Your rights: You can request information TDI has about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to request TDI to correct information that is not accurate. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be corrected, and (3) the reason or proof showing why the information is incorrect. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.