

## Inspection Verification Form WPI-2-BC-5

**For projects that began between January 1, 2008, and December 31, 2016**

▶ **Instructions**

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

**Email:** [windstorm@tdi.texas.gov](mailto: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:

▶ **Type of inspection performed**

- |   |   |
|---|---|
| <input type="checkbox"/> Entire structure (type): _____         | <input type="checkbox"/> Repair (type): _____                       |
| <input type="checkbox"/> Entire re-roof (type): _____           | <input type="checkbox"/> Mechanical only (type): _____              |
| <input type="checkbox"/> Re-decking: _____                      | <input type="checkbox"/> *Foundation only (type): _____             |
| <input type="checkbox"/> Partial re-roof (type and area): _____ | <input type="checkbox"/> Addition (type): _____                     |
| <input type="checkbox"/> Re-decking: _____                      | <input type="checkbox"/> **Retrofit of all exterior openings: _____ |
| <input type="checkbox"/> Alteration (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.**

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

▶ **Location of structure**

The building is located at: (**Complete** street address, including house/building number):

Street address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

This does not meet the applicable 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)

► **Design conditions used**

**Wind Speed (3-second gust):**

- 110 mph (Required for **Inland II**)<sup>1</sup>       120 mph (Required for **Inland I**)<sup>1</sup>  
 130 mph (Required for **Seaward**)<sup>1</sup>

**Exposure Category:**    B     C     D

**Note:** <sup>1</sup>All exterior openings (exterior doors, windows, garage doors, and skylights) contain products that have been designed and inspected for compliance with uniform static wind pressure requirements (applicable only to those projects that include the installation of exterior opening products).

**Protection 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 **Inland II** area).

► **Date(s) of inspection(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the Texas Department of Insurance will rely on this statement of compliance to determine 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Appointed qualified inspector (AQI) number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Phone number

Under Texas Insurance Code Article 21.47, a person commits an offense if they knowingly or intentionally make, file, or use 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 third-degree felony.

**Your rights:** You can request information TDI has about you by emailing [OpenRecords@tdi.texas.gov](mailto: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](mailto: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.