



# Texas Department of Insurance

## Property and Casualty Section – Windstorm Inspections Program

Mail Code 103-1E, 333 Guadalupe Street • P.O. Box 149104, Austin, Texas 78714-9104  
512-322-2203 or toll free 1-800-248-6032 • 512-322-2273 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

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

**For projects that commenced construction on or after January 1, 2008**

I, the undersigned, do hereby ACKNOWLEDGE 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:

- |   |  |
|---|--|
| <input type="checkbox"/> Entire Building (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 <u>ALL</u> Exterior Openings: _____ |
| <input type="checkbox"/> Alteration (Type): _____               | <input type="checkbox"/> Other (Description): _____                        |

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 shall include windows, doors, garage doors, and skylights.***

The building is located at: (Complete 9-1-1 Street address including house/building number):

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

☐ This does not meet the applicable Building Code standards as evidenced by the signature, date, and seal below.

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

- |  |    |   |
|--|----|---|
| <input type="checkbox"/> International Residential Code, 2006 Edition<br>(Amended with 2006 Texas Revisions) | or | <input type="checkbox"/> International Building Code, 2006 Edition<br>(Amended with 2006 Texas Revisions) |
|--|----|---|

The design conditions used were:

**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 which 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 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)

Print or Type Name

Signature

Address

City, State, 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. 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.*

### **Access and Correction of Personal Information**

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 and Regulatory Affairs Program at [AgencyCounsel@tdi.state.tx.us](mailto:AgencyCounsel@tdi.state.tx.us) or you may refer to the [Corrections Procedure section](#) on our website.

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