MSFH CONDOMINIUM PILOT PROGRAM

Inspection Application

INSPECTION | GRANT APPLICATION | FINAL INSPECTION | REIMBURSEMENT

Condo Name:		County:	
Condo Main Address:			
Case FEIN#:		Date:	
Representative Name:			
Representative Email:		Contact Phone:	

APPLICANT DETAILS

To proceed with your request for a free inspection, please complete this stage in its entirety.

Are you (Condo Representative) the Condominium Association's President, Treasurer, or Designee? (CHECK ONLY ONE BOX)

☐ YES ☐ NO

Condominium Association's Point of Contact: Note: Program Correspondence will be emailed to the POC email address

First and Last Name:

Title:

Phone Number:

Email Address:

PROPERTY DETAILS

Is the condominium within a 15-mile radius of the coastline? (CHECK ONLY ONE BOX)

☐ YES ☐ NO

Does your property have more than one residential building/tower? (CHECK ONLY ONE BOX)

☐ YES ☐ NO *If "Yes" how many?*

Is your building address different than your mailing address? (CHECK ONLY ONE BOX)

☐ YES ☐ NO *If yes, type building address:*

How many stories does your building/tower have?

How many units does your building/tower have?

What year was building built?

Does the building have attic access?

For more information, email: condopilot@myfloridacfo.com or call: 850-413-2971

STRONGER HOMES. SAFER FLORIDA.

My Safe FL Condo PILOT PROGRAM

NOTE: If there are more than one building/tower, attach a spreadsheet including:

- Building address for each building
- Number of stories in each building
- Number of units in each building
- Year build of each building
- Attic access to each building (Y/N)

Has your condominium received any grants or financial assistance for structural improvements or safety upgrades in the past? (CHECK ONLY ONE BOX)

☐ YES ☐ NO

INSURANCE INFORMATION

Insurance Provider Name: _____

Insurance Policy Number*: _____

Annual Hurricane Insurance Premium*: _____

REQUIRED DOCUMENTS

Please email the following to condopilot@myfloridacfo.com

- Insurance Declaration Page
- Meeting minutes that include the voting results for the association board to receive a FREE inspection from the My Safe Florida Condominium Pilot Program

Does the record of votes include the date of the vote? (CHECK ONLY ONE BOX)

☐ YES ☐ NO

Does the record of votes include the board members in attendance? (CHECK ONLY ONE BOX)

☐ YES ☐ NO

Does the record of votes clearly indicate that the item up for a vote is participating in the My Safe Florida Condominium Pilot Program to receive a free mitigation inspection? (CHECK ONLY ONE BOX)

☐ YES ☐ NO

Do votes represent the majority, as determined by the Association's Bylaws, of board members in favor? (CHECK ONLY ONE BOX)

☐ YES ☐ NO

Inspection Application

ATTESTATION

- ☐ I certify that the information in this application is true and correct to the best of my knowledge.*
- ☐ I certify, under the penalty of perjury, that I have only one active application submitted for the condominium described in this application.*.
- ☐ I authorize a Department of Financial Services approved inspector to conduct an inspection of the condominium for the purpose of identifying mitigation improvements that may be made to the structure to increase its resistance tohurricane wind damage.*
- ☐ I understand that qualifying for and having a free inspection does not automatically make the condominium eligible or guarantee that the structure will receive a grant to perform any mitigation improvements recommended by the inspection report, and that a subsequent separate grant application will be required for consideration by the Program. If I receive a grant, or grants, I authorize a Department of Financial Services approved inspector to perform inspection once the mitigation project that is the subject of the grant is completed.*
- ☐ I understand that under Section 837.06, Florida Statutes, it is a felony to knowingly make a false statement to the Department of Financial Services.*

CAUTION: If your application for a free inspection is approved, you will receive an email confirmation from the Department of Financial Services, telling you to expect contact from a specific inspection firm hired by the State to inspect the condominium. The confirmation from the Department will provide the name of the inspection firm. Please note that you may receive solicitations from other businesses, not connected to this Program, offering to perform inspection services to the condominium. The "free inspection" offered in this Program refers only to an inspection by the inspection firm named in the approval email from the Department. The Department will not pay for an inspection conducted by any other inspection firm or business. The Department urges you to ensure that you are dealing with the inspection firm named in the Department's approval email addressed to you when you schedule the free inspection.

By signing and submitting this application, you consent to transact and communicate electronically with My Safe Condominium Pilot Program and all of its contractors and services. You also authorize the My Safe Condominium Pilot Program to communicate directly with your insurance provider for the purposes of discussing insurance policy details and coverages. You may withdraw your consent to doing business electronically at any time by contacting us and withdrawing your consent. However, any communications or transactions between us before your withdrawal of such consent will be valid and binding.

Signature of Condominium Representative