MISSISSIPPI WINDSTORM UNDERWRITING ASSOCIATION

P.O. Box 5389 Jackson, Mississippi 39296-5389 Phone (601) 981-2915 FAX (601) 981-2924 6455 Wirtz Road Flowood, Mississippi 39232-7801

CERTIFICATION FORM FOR PROFESSIONAL DESIGN AND CONSTRUCTION BCEG = 1 INDIVIDUAL RISK RATING

Location of building: Street address		
City/Zip	_ FEMA Flood Zone	Elevation
Name of Property Owner/Insured(s)	Elevation	lowest floor
Year of Construction, ASCE-7 Wind Spe	eedmph, Exposu	ure Category
International Building Code/International Residen	ntial Code Applied	(Edition YR)
I hereby certify that I have personally reviewed the subject building in adequate detail so as to structure, including the roof, walls, windows, doo pressure requirements as defined by the most curapplicable structural requirements of the most really IBC/IRC.	have sufficient reason to a rs, and foundation can resist rrent edition of ASCE 7, and	ttest that the st the wind I meets all

The foundation and structure is designed to resist overturning, sliding, and excessive lateral displacement due to the minimum design loads prescribed in ASCE 7 by a licensed engineer. Additionally, if the residence is elevated and is solely supported by piers, posts, or columns it is certified that the respective structural members are specifically designed to resist the combined effects of gravity, wind, flood, and wave action by a licensed engineer to the requirements of the most recent edition of the International Building Code (IBC).

I understand and agree that although submittal of documentation supporting my findings is not required at this time, that I shall maintain such records for a period not less than ten years. I understand that if requested, I will make all records of my site determination available and provide copies to the Mississippi Windstorm Underwriting Association, or their designated agents, for purposes including, but not limited to, statistical research, random audits, or for verification compliance.

Mississippi Windstorm Underwriting Association, based upon all information obtained, will
make the final determination of BCEG 1 equivalent eligibility and rate determination at its sole
discretion.

The insured agrees to provide written notifi Association, if any modifications, alterations which may affect this certification.			_
		Date	
Signature of Insured or Insured(s)			
		Date	
Certifying Registered Professional Engineer	or Architect		
Registration #	COA#		
Phone number			
Firm Name			
Firm Address			
Professional Seal stamp here:			

MWUA BCEG 1 Individual Risk Certification Form 09-15 Edition