

**Supplemental Structure Verification Form**  
This form is used to verify roof slope, soffit material and siding type

**Policyholder Information**

**Policyholder name:** \_\_\_\_\_

**Policy number:** \_\_\_\_\_

**Property address:** \_\_\_\_\_  
\_\_\_\_\_

**1. Predominant roof slope:** \_\_\_\_\_  
*(at least two-thirds (67%) of the main roof area)*

**2. Soffit material:** *(e.g., wood, aluminum, vinyl)*

Material \_\_\_\_\_ Percentage \_\_\_\_\_

**3. Siding type:** *(e.g., wood, stucco, hardiplank)*

Type \_\_\_\_\_ Percentage \_\_\_\_\_

Type \_\_\_\_\_ Percentage \_\_\_\_\_

Type \_\_\_\_\_ Percentage \_\_\_\_\_

**Please provide a photo of each building feature listed above**

**Inspector Information**

*Inspections must be performed by either a Florida licensed general contractor or Florida licensed wind mitigation inspector*

Inspector Name (print): \_\_\_\_\_

Inspection Company Name : \_\_\_\_\_

Inspection company address: \_\_\_\_\_

License type \_\_\_\_\_ License number \_\_\_\_\_

Inspector signature \_\_\_\_\_ Date of inspection \_\_\_\_\_