[Branded Name]
[underwritten by Company Name]
[Company Address] [Company service phone number]

California Wildfire Mitigation Verification Form

For use with Homeowners and Rental Property policies that do not have a FAIR Plan Companion Endorsement

If your property has qualified for an IBHS Wildfire Prepared Home designation, there is no need to complete this form. Please contact us at 800.922.8228.

If you have taken wildfire mitigation measures, you may be eligible for a discount. To confirm any existing wildfire mitigation discounts you are currently receiving, please refer to your declarations page.

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For more information about wildfire mitigation discounts and how to obtain them, visit https://csaa-insurance.aaa.com/wildfire_discount, contact Insurance Service at 800.922.8228, or your agent.

Instructions: The qualified wildfire inspection professional (list of organizations, professionals, or vendors that may be able to assist is available on our website- https://csaa-insurance.aaa.com/wildfire_discount) must complete all applicable sections and provide any supporting documentation. The inspector must also complete the Signed Attestation of Facts located at the bottom of this form including name signature, and the name of the inspection Company or qualified entity.

Please submit the completed form to:

- Email: Please send to mydocuments@csaa.com including the policy number & "Attn: CA Wildfire Risk Score" in the subject line
- Mail: CSAA Insurance Group, Attn: CA Wildfire Risk Score, PO Box 24524, Oakland, CA 94623

Failure to complete this form may impact discount eligibility, if you have questions please contact Insurance Service at 800.922.8228.

To qualify for a property-level wildfire mitigation discount, wildfire risk mitigation efforts must be adhered to on a continuous basis. We may require a new inspection form to be completed on an annual basis to confirm discount eligibility.

Applicant / Named Insured Information *(This section to be completed by the applicant/insured)*

Quote/Policy Number: _____

Applicant / Named Insured Name: _____

Location Address: _____

Applicant / Named Insured Phone Number: (_____)_____

Property-Level Wildfire Mitigation *(This section to be completed by the inspector)*

Wildfire mitigation measures addressing the immediate surroundings of the building being evaluated:

A. Is the vegetation and debris cleared from under decks?

Yes _____ No _____ N/A _____

B. Is the vegetation, debris, mulch, stored combustible materials, and any and all moveable combustible objections, cleared from the area within five (5) feet of the building being evaluated?

Yes _____No _____

C. Are only noncombustible materials being incorporated into the portion of any improvements to the property on which the building is being evaluated is located, including fences and gates, which are situated within five (5) feet of the building being evaluated?

Yes _____ No _____

D. Has the removal or absence of combustible structures happened, including sheds and other outbuildings, from the area within thirty (30) feet of the building being evaluated or as much of sure area that is under the control of the applicant or policyholder?

Yes _____ No _____

E. Does the property in which the building being evaluated comply with Section 4291 of the Public Resources Code, and any applicable local ordinances governing defensible space?

Yes _____ No _____

There are also building hardening measures that need to be considered for the building being evaluated:

F. Does the building being evaluated have a Class-A Fire Rated Roof?

Yes _____ No _____

G. Does the building being evaluated have Enclosed Eaves?

Yes _____ No _____

H. Does the building being evaluated have Fire-Resistant Vents?

Yes _____ No _____

I. Does the building being evaluated have multi-pane windows, including dual pane windows, or functional shutters, which when closed, cover the entire window and do not have openings?

Yes _____ No _____

J. Does the building being evaluated have at least six (6) inches of noncombustible vertical clearance at the bottom of the exterior surface of the building, measured from the ground up?

Yes _____ No _____

IMPORTANT NOTICE

We have the right to verify all information contained in this form, or to request additional documentation.
Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. Unverified or incorrect information will result in appropriate rating adjustments or other action.

SIGNED ATTESTATION OF FACTS FOR USE IN RATING

I, the undersigned, agree that the statements herein are true, connect, and accurate and are made for the express purpose of qualifying for a wildfire mitigation discount. I understand that any discount applied as a result of this questionnaire will be based on the facts and answers stated herein.

Applicant / Named Insured Signature: _____ Date: _____

Inspection Company or Qualified Entity: _____

I certify that I have made a physical verification of the items described above.

Name of person performing inspection: _____

Inspector Phone Number and Email Information: _____

Inspector Signature: _____ Date: _____