

Request for ARA Wind Certification Service

Insurance Company for Wind Insurance _____

Agent Name _____ Agent Phone () _____

Person Requesting Survey (Please Print) _____

Person to call to Schedule Appointment (If different from above) (Please Print) _____

Day Time Phone () _____ Night Time Phone () _____

Email Address _____ Other Phone () _____

Please indicate how you located our service: Insert in renewal notice Internet Insurance Agent Other (Specify below)

Other _____

Additional information about times to contact you, specific dates, etc. _____

Requested Surveyor (if any) _____

Property to be Surveyed

Policyholder Name _____ Own Rent

Property Address _____ Single Family House Condo Townhouse

Property City, State, Zip _____ Year Built _____

Property County _____ Square Footage _____

Policy Number (if known) _____ Item Number _____

Address to Mail Results to Same as Property Address

Mailing Address _____

Mailing City, State, Zip _____

Fee Schedule

Square footage subject to verification by inspector – fee will be adjusted, if necessary

Single Family House or Single Unit of Condo/Townhouse/Duplex (1-4 units only) **up to 4,999 square feet** **\$150**

Single Family House or Single Unit of Condo/Townhouse/Duplex (1-4 units only) **5,000 – 9,999 square feet** **\$225**

Single Family House or Single Unit of Condo/Townhouse/Duplex (1-4 units only) **10,000 square feet or more** **\$300**

Multiple Buildings or Units: Please complete a separate form for each building or unit to be inspected

Upon receipt of payment, you will be called to set up an appointment for the certification. The owner, or his/her representative, must be present during the survey. Access to the attic is required. A cancellation fee will be charged if you cancel this request.

Payment Method

We accept payment by check or credit card. If paying by check, please make check payable to Applied Research Associates, Inc.

Check Visa MasterCard Statement charge will appear as: **ARA Wind**

Card No. _____ Expiration Date _____ Total Charge _____

Print Name as on Card _____

Signature _____

Billing Address _____

Street Address

City, State, Zip

Send your request by one of the following methods	Phone 	Credit Card Orders	Toll Free: 888-936-4272	 <p style="font-size: small; margin: 0;">Applied Research Associates, Inc.</p>
	Mail 	Check and Credit Card Orders	Applied Research Associates, Inc. IntraRisk Certifications 3710 Corporex Park Drive, Suite 212 Tampa, FL 33619	
	Fax 	Credit Card Orders	Fax (813) 628-8475	
	Internet 	Credit Card Orders	www.intrarisk.com	