

# Lawson Industries Inc. [www.lawsonwindows.com](http://www.lawsonwindows.com)

## IMPACT RESISTANT PRODUCT INSURANCE LETTER REQUEST

Please fill out both pages of this form completely to ensure a timely response (mailed within 3 Business days). Responses to this form will be sent to our customers only.

Dealer Name _____	Contact _____	Date _____
Dealer Address _____	City _____	State _____ zip _____
Dealer Phone _____	Fax _____	
Job (Customer) Name _____		
All Lawson Sales Order Numbers of Impact Products on this Job: _____		

YOU MAY ALSO DOWNLOAD THIS FORM FROM OUR WEBSITE.  
[www.lawsonwindows.com](http://www.lawsonwindows.com)

### IN ADDITION TO THE INFORMATION ABOVE, PLEASE ENTIRELY FILL OUT THE SECOND SHEET

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**1** Provide the Job Name and Address.  
Job (Customer) Name \_\_\_\_\_

**2** Check the Impact Products with Laminated Glass used on the job referenced above

Lawson Series	Product	Miami Dade County Notice of Acceptance #
<input type="checkbox"/> 2200	French Door "La Porte"	[18-0503.06]
<input type="checkbox"/> 4200-6200 / 4300	Designer Picture Window	[17-1212.13] [17-1212.12]
<input type="checkbox"/> 3200	Casement	[19-0227.06]
<input type="checkbox"/> 7700 / 7800	Single Hung	[17-1212.21] [18-0911.07]
<input type="checkbox"/> 8700 / 8800	Horizontal Slider	[17-1212.17] [18-0808.06]
<input type="checkbox"/> 9200	Sliding Glass Door	[17-1212.05]

**3** Fill in your Dealer name, or the name of the Installer, on the line provided under Dealer/Installer Certification

Print _____
Signature—Dealer / Install Certification
Sign _____
Hereby Certifies that the information contained within the "Dealer / Installer Certification" paragraph above is accurate and true.

**Lawson Industries, Inc.**  
 8501 NW 90th St.  
 Medley, Florida  
 33166

Phone: 305-696-8660 ext. 226  
 Fax: 305-884- 5949  
 Email: [tom@lawsonwindows.com](mailto:tom@lawsonwindows.com)

The second sheet will be dated/signed/sealed and returned to you as received. Then you or the installer must sign in the Dealer/Installer Certification box. This will be your form for submittal to the insurance company. The form will be sent to you via standard US Postal service. If you prefer faster shipping, you may provide your Federal Express, UPS, or similar account number and the service desired (next day priority, next day regular, or second day)

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**REFERENCE: IMPACT RESISTANT PRODUCT INSURANCE LETTER REQUEST**

**1**

Job (Customer) Name: _____
Job (Customer) Address: _____
City _____ State _____ zip _____

**2**

Lawson Series	Product	Miami-Dade County Notice of Acceptance #
<input type="checkbox"/> 2200	French Door "La Porte"	[18-0503.06]
<input type="checkbox"/> 4200-6200 / 4300	Designer Picture Window	[17-1212.13] [17-1212.12]
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<input type="checkbox"/> 9200	Sliding Glass Door	[17-1212.05]

**MANUFACTURER CERTIFICATION**

The above referenced Lawson Products have been tested to and approved per Miami-Dade County Test protocols 201, 202, & 203, the 2017 FBC (6<sup>TH</sup> Edition), and are classified as "Shutters Not Required" when made with laminated glass as specified in the Miami-Dade County NOA's. These products are approved for use in and outside the HVHZ, and will withstand the design pressures specified on the Miami-Dade County NOA's when installed as specified therein. The window and door laminated glazing material, along with the respective window and door components, meet the Dade county windborne debris impact requirements. These products fall under Section B 2 & 3 of "The Florida Windstorm Underwriting Association Windstorm Protective Devise—Proof of Compliance" as an alternative to storm shutters.

**DEALER / INSTALLER CERTIFICATION**

The above referenced Lawson Products have been installed properly at the above referenced job with laminated glazing as specified in the Dade County NOA's All exterior wall and roof openings are fully protected with either Lawson Impact products indicated above, or with shutters or other approved shutter alternatives per "The Florida Windstorm Underwriting Association Wind-Storm Protective Devise—Proof of Compliance" Document.



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Medley, Florida 33166

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tom@lawsonwindows.com

You may also download  
this form from our  
website.  
[www.lawsonwindows.com](http://www.lawsonwindows.com)

<p>_____ Signature— Manufacturer Certification</p> <p>Thomas J. Sotos, P.E., Engineering Manager - Lawson Industries, hereby certifies that the information contained within the "Manufacturer Certification" Paragraph above is accurate.</p>
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<p>Print <b>3</b> _____ Signature—Dealer / Install Certification</p> <p>Sign _____ Hereby Certifies that the information contained within the "Dealer / Installer Certification" paragraph above is accurate and true</p>
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