

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 WEB SITE.

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** Job (Customer) Address _____
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"/> 2000	French Door "La Porte"	[03-0219.01]
<input type="checkbox"/> 4200/6200	Designer Picture Window	[03-0327.11] [020701.01]
<input type="checkbox"/> 5000	Casement	
<input type="checkbox"/> 7700	Single Hung	[01-1009.01]
<input type="checkbox"/> 8700	Horizontal Slider	[02-0227.05]
<input type="checkbox"/> 9200	Sliding Glass Door	[02-1016.10] [02-1126.04]

- 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

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)

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

Phone: 305-696-8660 ext. 226
Fax: 305-884-1237

Email: tsotos@lawson-industries.com

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"/> 2000	French Door "La Porta"	[03-0219.01]
<input type="checkbox"/> 4200/6200	Designer Picture Window	[03-0327.11] [020701.01]
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<input type="checkbox"/> 9200	Sliding Glass Door	[02-1016.10] [02-1126.04]

MANUFACTURER CERTIFICATION

The above referenced Lawson Products have been tested to and approved per Dade County Test protocols 201, 202, 203, and are classified as "Shutters Not Required" when made with laminated glass as specified in the Dade County NOA's. These products will withstand the design pressures specified on the 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 Windstorm Protective Devise—Proof of Compliance" Document.



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Medley, Florida
33166

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Fax: 305-884- 1237
Email: tsotos@lawson-

You may also download
this form from our web
site.

www.lawsonwindows.com

3

_____ Signature—Manufacturer Certification Thomas Sotos P.E. # 55225, Lawson Code Compliance Hereby certifies that the information contained within the "Manufacturer Certification" Paragraph above is accurate and true.	Print _____ Signature—Dealer / Install Certification Sign _____ Hereby Certifies that the information contained within the "Dealer / Installer Certification" paragraph above is accurate and true
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