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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

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 _____
 Job (Customer) Address _____

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

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 (6TH 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.



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

Phone: 305-696-8660 ext. 226
Fax: 305-884- 5949
Email:
tom@lawsonwindows.com

You may also download
this form from our
website.
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>	<p>Print</p> <p>3 _____</p> <p>Signature—Dealer / Install Certification</p> <p>Sign</p> <p>_____</p> <p>Hereby Certifies that the information contained within the "Dealer / Installer Certification" paragraph above is accurate and true</p>
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