

Instruction and Overview

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INSTRUCTIONS

This application consists of both mandatory and optional questions. All mandatory questions (marked with an *) must be completed to submit your application. Optional questions can be left blank, but providing that information now may prevent you from needing to supply it later to the grant management team. Please fill out the application to the best of your ability to ensure a timely eligibility review.

The time to complete this application varies based on the information and documents you have on hand; it typically takes about fifteen minutes to half an hour.

Be sure to save your application frequently and before navigating between pages.

The "Save" button is located at the bottom of every page. You do not need to finish the application in one sitting—you can save your progress, exit, and return later to complete it without losing any information.

The My Safe Florida Condominium Pilot Program is structured into five distinct stages. It's important to understand that you cannot complete all stages at once. Each stage requires prior approval before you can advance to the next, and you must SUBMIT your application after completing each stage.

Stage 1: Inspection Application

In this stage, condominium associations can apply for a free mitigation inspection. You will need to complete and submit Stage 1 and wait for processing before moving on to Stage 2.

You must click **SUBMIT to submit this stage of your application. The **SUBMIT** button is located at the bottom of the vertical navigation tab.**

Stage 2: Initial Inspection

This is a no-cost inspection performed by a Wind Certification Entity. It evaluates your condominium's resilience against wind damage and identifies potential insurance premium discounts. You must wait for the completion of your Initial Inspection before proceeding to Stage 3.

After submitting your application, the grant management team can only change or update the information provided. If you have an assigned grant specialist, you can reach out to them for assistance. For further support, please call **1-877-891-0012**.

NOTES



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Disclosures

Disclosures

DATA & PRIVACY STATEMENT

The Department of Financial Services has engaged Tidal Basin Group and its partners to facilitate the My Safe Florida Condominium Pilot Program Application Portal. The information and data you submit will be used to assess your eligibility for a complimentary wind mitigation inspection and a potential grant to reimburse you for approved projects aimed at enhancing your condominium's resilience to wind damage. Completing these projects may result in reduced insurance premiums. By voluntarily providing this information, you grant TB Technologies and its affiliates permission to use, access, store, and verify the data you supply for the purposes outlined above. You acknowledge that TB Technologies may need to verify this information. Additionally, you authorize TB Technologies to share the information and data you provide with relevant State agencies as required to support the effective administration of the My Safe Florida Condominium Pilot Program.

☐ I acknowledge and consent to the system terms of use and privacy policy as stated above.*

Signature of Applicant or Authorized Signatory*

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Stage 1 – Inspection Application

My FL Condo Application Details

APPLICATION DETAILS

My FL Condo Application ID:

Condo Association Name
test

Building Address:
9090

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Stage 1-Inspection Application

APPLICANT DETAILS

Introduction

To proceed with your request for a free inspection, please complete this stage in its entirety.

Are you the Condominium Association's President, Treasurer, or Designee?*

Select "Yes" or "No":*
Yes

Enter Condominium Association name as listed in your Articles of Incorporation.*

Condo Association Name*:
Rising Condo Association (Test)sadfadsfasf

Federal Employee Identification Number (FEIN)

FEIN:
Test67s

Condominium Association Main/Office Address*

Address
2525 FI Pl

Address (Continued)

City
Orlando

State
Florida

Zip Code
13502

County*
Calhoun

Is the Condominium Association physical address different from the mailing address?

Select "Yes" or "No":
Select

Condominium Representative Completing Application*:

First and Last Name*:
Teresa Thomas (Test)

Title*:

Phone Number*:
+1 716-625-5858

Email Address*:
Test@gmail.com

Note: Program Correspondence will be emailed to the registration email

Condominium Association's Point of Contact:

First and Last Name:

Title:

Phone Number:

Email Address:

Note: Program Correspondence will be emailed to the registration email

PROPERTY DETAILS

Is the condominium within a 15-mile radius of the coastline? To view the definition of a coastline [click here](#).

Select the appropriate response*:
Select

Does your property have more than one residential building/tower ?*

Select "Yes" or "No"*:
Select

Has your condominium received any grants or financial assistance for structural improvements or safety upgrades in the past?

Select "Yes" or "No".
Select

Insurance Information*:

Insurance Provider Name*:

Insurance Policy Number*:

\$ Annual Hurricane Insurance Premium*:

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DOCUMENTS

ASSOCIATION CONSENT TO PARTICIPATE

Please upload the meeting minutes that include the voting results for the association board to receive a free inspection from the My Safe Florida Condominium Pilot Program.

Document upload **Required:**

Board Association Meeting Minutes

Drop file here (or click to select a file)

Accepted document formats: PDF, JPEG, and PNG. The maximum file size for uploads is 30 MB.

Does the record of votes include the date of the vote?*

Select "Yes" or "No":

Yes

Does the record of votes include the board members in attendance?*

Select "Yes" or "No":

Select

Does the record of votes clearly indicate that the item up for a vote is participating in the My Safe Florida Condominium Pilot Program to receive a free mitigation inspection?*

Select "Yes" or "No":

Select

Do votes represent the majority, as determined by the Association's Bylaws, of board members in favor?*

Select "Yes" or "No":

Select

Document upload **Required:**

Insurance Declaration Page

Drop file here (or click to select a file)

Accepted document formats: PDF, JPEG, and PNG. The maximum file size for uploads is 30 MB.

Special Discount/Mitigation Information Page of your Insurance Policy (Optional)

Drop file here (or click to select a file)

Accepted document formats: PDF, JPEG, and PNG. The maximum file size for uploads is 30 MB.

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ATTESTATION

Once an application is submitted, it can only be "Re-opened" by an Administrator. Note: please check your Spam email folder if you have not received any emails from the program.

By electronically signing and submitting this application, you consent to transact and communicate electronically with My Safe Condominium Pilot Program and all of its contractors and services. You also authorize the My Safe Condominium Pilot Program to communicate directly with your insurance provider for the purposes of discussing insurance policy details and coverages. You may withdraw your consent to doing business electronically at any time by contacting us and withdrawing your consent. However, any communications or transactions between us before your withdrawal of such consent, will be valid and binding.

- ☐ I certify that the information in this application is true and correct to the best of my knowledge.*
- ☐ I certify, under the penalty of perjury, that I have only one active application submitted for the condominium described in this application.*
- ☒ I authorize a Department of Financial Services approved inspector to conduct an inspection of the condominium for the purpose of identifying mitigation improvements that may be made to the structure to increase its resistance to hurricane wind damage.*
- ☐ I understand that qualifying for and having a free inspection does not automatically make the condominium eligible or guarantee that the structure will receive a grant to perform any mitigation improvements recommended by the inspection report, and that a subsequent separate grant application will be required for consideration by the Program. If I receive a grant, or grants, I authorize a Department of Financial Services approved inspector to perform inspection once the mitigation project that is the subject of the grant is completed.*
- ☐ I understand that under Section 837.06, Florida Statutes, it is a felony to knowingly make a false statement to the Department of Financial Services.*

CAUTION: If your application for a free inspection is approved, you will receive an email confirmation from the Department of Financial Services, telling you to expect contact from a specific inspection firm hired by the State to inspect the condominium. The confirmation from the Department will provide the name of the inspection firm. Please note that you may receive solicitations from other businesses, not connected to this Program, offering to perform inspection services to the condominium. The "free inspection" offered in this Program refers only to an inspection by the inspection firm named in the approval email from the Department. The Department will not pay for an inspection conducted by any other inspection firm or business. The Department urges you to ensure that you are dealing with the inspection firm named in the Department's approval email addressed to you when you schedule the free inspection.

Signature of Condominium Representative*

For the purposes of this attestation, typing your name is considered the same as an electronic signature.