Uniform Mitigation Verification Inspection Form

Maintain a copy of this form and any documentation provided with the insurance policy Inspection Date: 06/11/2023

| Owner Inform | | | | C + + P | |
|----------------|---|--|--|--|--|
| Owner Name: | | | | Contact Person: xxxxxxxx | «XXXXXXX |
| Address: | 111122 Sample Rd. | 7: 22075 | | Home Phone: | |
| City: | Coconut Creeck | Zip: 33067 | | Work Phone: | |
| County: | Broward | | | Cell Phone: xxxxxxxxxxx | (X |
| Insurance Cor | * * | T // CG: 1 | | Policy #: | |
| Year of Home: | | # of Stories: 1 | | Email: xxxxxxxxxxxxxxx | |
| accompany tl | locumentation used in valid his form. At least one photog e insurer may ask additiona | graph must accompa | ny this form to validat | e each attribute marked in | |
| 0 | Code: Was the structure built | | | | or homes |
| | the HVHZ (Miami-Dade or B | | | | yr momes |
| | ilt in compliance with the FE a date after 3/1/2002: Buildin | | | | nit application |
| 1996 | r the HVHZ Only: Built in co provide a permit application DD/YYYY)// | with a date after 9/1/ | | | 1994, 1995, an |
| C. Un | known or does not meet the r | requirements of Answ | rer "A" or "B" | | |
| 2 Roof Cove | erings: Select all roof covering | ng types in use Provi | de the permit applicatio | on date OR FBC/MDC Produ | ict Approval |
| | R Year of Original Installation | | | | |
| each roof c | covering identified. | | | | |
| 2.1 Roc | of Covering Type | Permit Application Date | FBC or MDC Product Approval # | Year of Original Installation or Replacement | No Information Provided for Compliance |
| □ 1. A | Asphalt/Fiberglass Shingle | // | <u> </u> | - | |
| 2 . 0 | Concrete/Clay Tile | 6/29/22 | 22-003390 | 2022 | |
| 3.1 | Metal | // | | | |
| ☐ 4. I | Built Up | // | | | |
| 5.1 | Membrane | // | | | |
| 6. 0 | Other | // | | | |
| | roof coverings listed above | | | | |
| | lation OR have a roofing per | | | = | |
| | roof coverings have a Miam g permit application after 9/ | | | | |
| | e or more roof coverings do r | | | C | iatoi. |
| | roof coverings meet the requ | = | | . | |
| | | | | | |
| 3. Roof Deck | x Attachment: What is the we | eakest form of roof de | ck attachment? | | |
| | wood/Oriented strand board s o.c.) by staples or 6d nails s | | | | |
| | shakes or wood shinglesOl | | | | truss/rafter |
| - | ng that has an equivalent mea | • | • | | |
| • | wood/OSB roof sheathing w num of 24"inches o.c.) by 8d | | | , - | |
| | s, nails, adhesives, other deck | | | | |
| | er resistance 8d nails spaced a | | | - | |
| maxin lumbe | wwood/OSB roof sheathing w mum of 24"inches o.c.) by 8d er/Tongue & Groove decking | common nails spaces with a minimum of 2 | d a maximum of 6" inch 2 nails per board (or 1 na | nes in the fieldOR- Dimens ail per board if each board is | sional s equal to or |
| | nan 6 inches in width)OR- | | | | .55/1a1tCl |
| - | · | | | | _ |
| | ation form is valid for up to found on the form. | five (5) years provide | ed no material changes | have been made to the stru | cture or |
| | 2 (Rev. 01/12) Adopted by Ru | ule 69O-170.0155 | | Page 1 of | 7 |

| | | in the field | or has a mean uplift resistance of at least 182 psf. | | | | | |
|----|--------------|---|---|---------------|--|--|--|--|
| | | D. Reinfor | ced Concrete Roof Deck. | | | | | |
| | | E. Other: | | | | | | |
| | | F. Unknow | n or unidentified. | | | | | |
| | | G. No attic | access. | | | | | |
| 4. | | Roof to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or outside corner of the roof in determination of WEAKEST type) | | | | | | |
| | | A. Toe Na | ıls | | | | | |
| | | | Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and the top plate of the wall, or | attached to | | | | |
| | | | Metal connectors that do not meet the minimal conditions or requirements of B, C, or D | | | | | |
| | Mi | inimal cond | litions to qualify for categories B, C, or D. All visible metal connectors are: | | | | | |
| | | \checkmark | Secured to truss/rafter with a minimum of three (3) nails, and | | | | | |
| | | ✓ | Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visib corrosion. | | | | | |
| | | B. Clips | | | | | | |
| | | | Metal connectors that do not wrap over the top of the truss/rafter, or | | | | | |
| | | | Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not nail position requirements of C or D, but is secured with a minimum of 3 nails. | meet the | | | | |
| | \checkmark | C. Single V | Wraps | | | | | |
| | | | Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secure minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side. | ed with a | | | | |
| | | D. Double | Wraps | | | | | |
| | | | Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded i beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or | | | | | |
| | | | Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to both sides, and is secured to the top plate with a minimum of three nails on each side. | o the wall on | | | | |
| | | E. Structur | ral Anchor bolts structurally connected or reinforced concrete roof. | | | | | |
| | | F. Other | | | | | | |
| | | G. Unknov | vn or unidentified | | | | | |
| | | H. No attic | access | | | | | |
| 5. | wal | | y: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the a structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry.) | | | | | |
| | ✓ | A. Hip Ro | Hip roof with no other roof shapes greater than 10% of the total roof system perimeter. Total length of non-hip features:feet; Total roof system perimeter:feet | | | | | |
| | | B. Flat Ro | Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less than 2:12. Roof area with slope less than 2:12sq ft; Total ro areasq ft | | | | | |
| | | C. Other F | Roof Any roof that does not qualify as either (A) or (B) above. | | | | | |
| | C | | | | | | | |
| 6. | | econdary Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) | | | | | | |
| | | to the | also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment appli sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental meaning from water intrusion in the event of roof covering loss. | | | | | |
| | | B. No SW | | | | | | |
| | \checkmark | C. Unkno | wn or undetermined. | | | | | |
| | | | | | | | | |
| I | nspe | ctors Initial | s JV Property Address | | | | | |
| | This | | . farma in wallid farm on to fine (5) are an arraided an arratable beauty been been been made to the attraction | | | | | |

spacing that is shown to have an equivalent or greater resistance than 8d common nails spaced a maximum of 6 inches

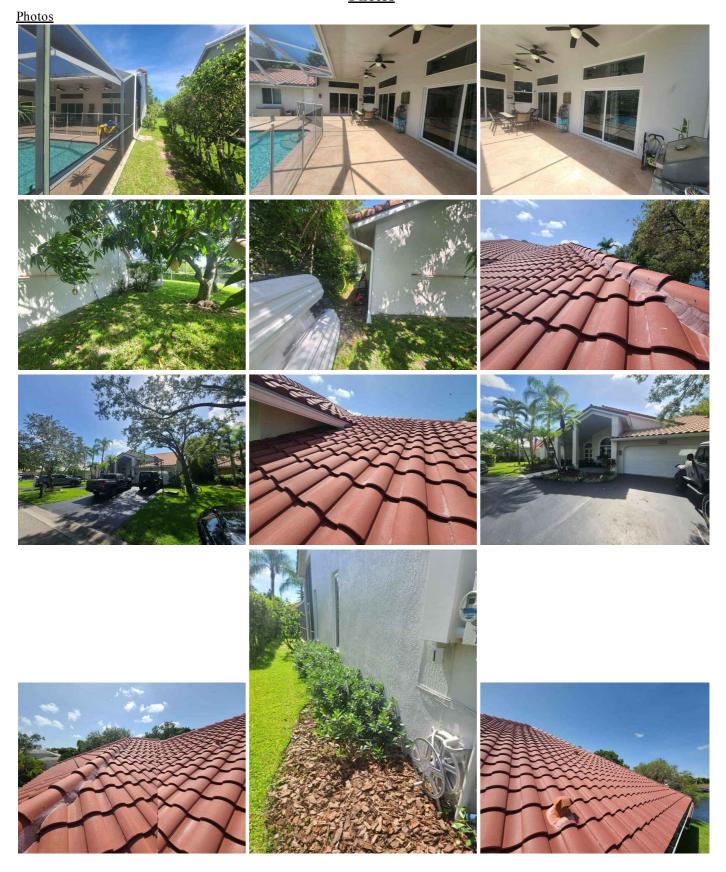
^{*}This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

7. Opening Protection: What is the weakest form of wind borne debris protection installed on the structure? First, use the table to determine the weakest form of protection for each category of opening. **Second**, (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL Glazed openings and (b) check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable. Non-Glazed **Opening Protection Level Chart Glazed Openings** Openings Place an "X" in each row to identify all forms of protection in use for each Windows opening type. Check only one answer below (A thru X), based on the weakest Garage Glass Entry Garage Skylights or Entry form of protection (lowest row) for any of the Glazed openings and indicate the Block Doors Doors Doors Doors weakest form of protection (lowest row) for Non-Glazed openings. Not Applicable- there are no openings of this type on the structure Χ Χ Χ A Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights) Χ Χ Χ В Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights) C Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007 Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, D ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance Opening Protection products that appear to be A or B but are not verified N Other protective coverings that cannot be identified as A, B, or C X No Windborne Debris Protection A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level A in the table above). • Miami-Dade County PA 201, 202, and 203 • Florida Building Code Testing Application Standard (TAS) 201, 202, and 203 • American Society for Testing and Materials (ASTM) E 1886 and ASTM E 1996 • Southern Standards Technical Document (SSTD) 12 • For Skylights Only: ASTM E 1886 and ASTM E 1996 For Garage Doors Only: ANSI/DASMA 115 ✓ A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist A.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level B, C, N, or X in the table above A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above exist B. Exterior Opening Protection-Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above): • ASTM E 1886 **and** ASTM E 1996 (Large Missile - 4.5 lb.) • SSTD 12 (Large Missile - 4 lb. to 8 lb.) • For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large Missile - 2 to 4.5 lb.) ☐ B.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist ☐ B.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level C, N, or X in the table above B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the table above □ C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007 All Glazed openings are covered with plywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2007 (Level C in the table above). ☐ C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no Non-Glazed openings exist ☐ C.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above ☐ C.3 One or More Non-Glazed openings is classified as Level N or X in the table above Inspectors Initials JV Property Address

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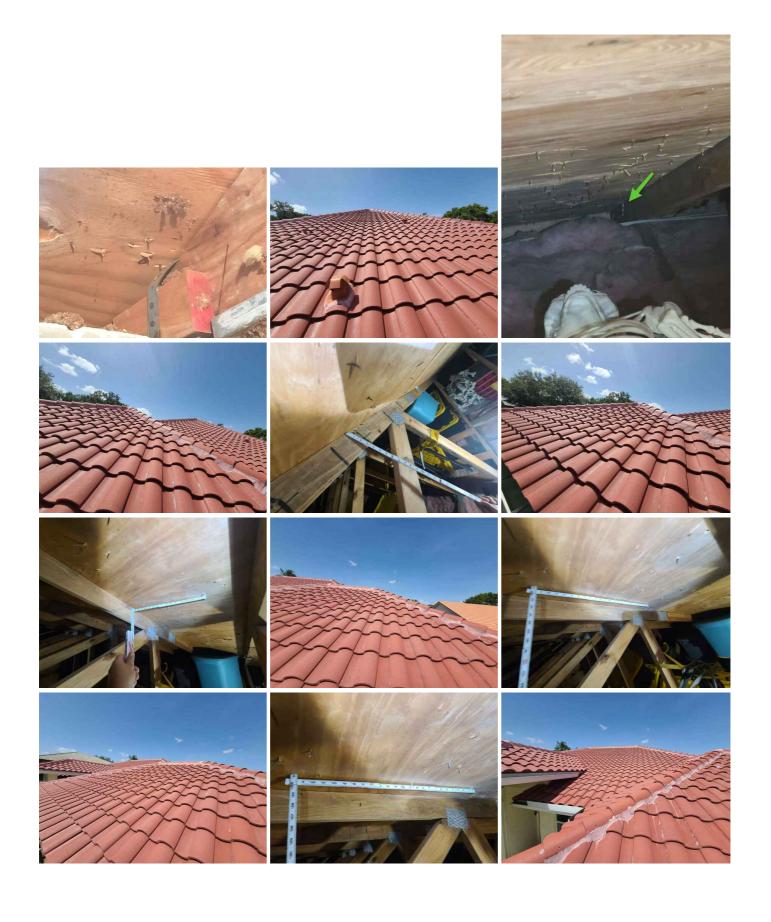
| □ N. Exterior Opening Protection (unverified shutter systems with no documentation) All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or C" or systems that appear to meet Answer "A" or "B" with no documentation of compliance (Level N in the table above). | | | | | | | | | |
|--|--|---|-------------|--|--|--|--|--|--|
| N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist | | | | | | | | | |
| | □ N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings | | | | | | | | |
| classified as Level X in the table above | | , , | | | | | | | |
| ☐ N.3 One or More Non-Glazed openings i | s classified as Level X in the | table above | | | | | | | |
| ☐ X. None or Some Glazed Openings One or m | nore Glazed openings classific | ied and Level X in the table above. | | | | | | | |
| MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR. | | | | | | | | | |
| Section 627.711(2), Florida Statutes | | | | | | | | | |
| Qualified Inspector Name: Joe Vandino | License Type: Home Inspector | License or Certificate #: HI8149 | | | | | | | |
| Inspection Company: Pro Inspectors | | Phone: 954.283.8989 | | | | | | | |
| Qualified Inspector - I hold an active licens | se as a: (check one) | 72 112040707 | | | | | | | |
| ✓ Home inspector licensed under Section 468.8314, F training approved by the Construction Industry Lice | | | ation | | | | | | |
| ☐ Building code inspector certified under Section 468. | | | | | | | | | |
| General, building or residential contractor licensed u | | tatutes. | | | | | | | |
| □ Professional engineer licensed under Section 471.01□ Professional architect licensed under Section 481.21 | | | | | | | | | |
| Any other individual or entity recognized by the instruction form pursuant to Section 627.711(2), F1 | arer as possessing the necessary of | qualifications to properly complete a uniform mitig | gation | | | | | | |
| Individuals other than licensed contractors licensed licensed under Section 471.015, Florida Statutes, repersons. Licensees under s.471.015 or s.489.111 menter knowledge, and experience to conduct a mitigation of the section of the | nust inspect the structures po ay authorize a direct emplo a verification inspection. nd I personally performed t | ersonally and not through employees or o eyee who possesses the requisite skill, the inspection or (<i>licensed contractors</i> perform the inspection and I agree to | <u>ther</u> | | | | | | |
| Qualified Inspector Signature: | Date: | 06/11/2023 | | | | | | | |
| An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection. | | | | | | | | | |
| Homeowner to complete: I certify that the named Q | ualified Inspector or his or he | er employee did perform an inspection of th | e | | | | | | |
| residence identified on this form and that proof of ic | • | me or my Authorized Representative. | | | | | | | |
| Signature: | Date: | | | | | | | | |
| An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes) | | | | | | | | | |
| The definitions on this form are for inspection pur feature as offering protection from hurricanes. | rposes only and cannot be us | sed to certify any product or construction | | | | | | | |
| Inspectors Initials JV Property Ad | dress | | | | | | | | |
| *This verification form is valid for up to five (5) years provided no material changes have been made to the structure or | | | | | | | | | |
| inaccuracies found on the form. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-17 | _ | Page 4 of 7 | | | | | | | |

Photos



Inspectors Initials JV Property Address 12345 N.E. 126 Terrace, SAMPLE, FL 33076

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Inspectors Initials JV Property Address 12345 N.E. 126 Terrace, SAMPLE, FL 33076

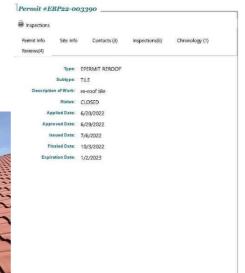
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