Uniform Mitigation Verification Inspection Form opy of this form and any documentation provided with the insu

| Inspection Date: | poncy |
|--|--|
| Owner Information | |
| Owner Information Owner Name: Contact Person: | |
| Address: Home Phone: | |
| City: Zip: Work Phone: | |
| County: Cell Phone: | |
| Insurance Company: Policy #: | |
| Year of Home: # of Stories: Email: | |
| | |
| NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation accompany this form. At least one photograph must accompany this form to validate each attribute marked i though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. | |
| 1. <u>Building Code</u> : Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)? | |
| A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY)// | |
| B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built For homes built in 1994 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY)/_ | |
| ☐ C. Unknown or does not meet the requirements of Answer "A" or "B" | |
| 2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliant covering identified. | |
| Permit Application FBC or MDC Year of Original Installation or 2.1 Roof Covering Type: Date Product Approval # Replacement | No Information Provided for Compliance |
| 1. Asphalt/Fiberglass Shingle | |
| 2. Concrete/Clay Tile | |
| 3. Metal /_/ | |
| 4. Built Up | |
| 5. Membrane// | |
| 6. Other | |
| A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2 | |
| ☐ B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or late | |
| ☐ C. One or more roof coverings do not meet the requirements of Answer "A" or "B". | |
| ☐ D. No roof coverings meet the requirements of Answer "A" or "B". | |
| 3. Roof Deck Attachment : What is the weakest form of roof deck attachment? | |
| A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum by staples or 6d nails spaced at 6" along the edge and 12" in the fieldOR- Batten decking supporting wo shinglesOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing the mean uplift less than that required for Options B or C below. | ood shakes or wood |
| B. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (space 24"inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screw other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance to a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf. | ws, nails, adhesives, |
| C. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spa 24"inches o.c.) by 8d common nails spaced a maximum of 6" inches in the fieldOR- Dimensional lumber decking with a minimum of 2 nails per board (or 1 nail per board if each board is equal to or less than 6 inches any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to | r/Tongue & Groove thes in width)OR- |
| Inspectors Initials Property Address | |

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155 Page 1 of 4

| | | or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf. | ıst |
|----|------|---|-----|
| | | D. Reinforced Concrete Roof Deck. | |
| | | E. Other: | |
| | | F. Unknown or unidentified. | |
| | | G. No attic access. | |
| 4. | Roc | to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks with eet of the inside or outside corner of the roof in determination of WEAKEST type) | in |
| | | A. Toe Nails | |
| | | ☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached the top plate of the wall, or | to |
| | | ☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D | |
| | Mir | nimal conditions to qualify for categories B, C, or D. All visible metal connectors are: | |
| | | ☐ 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 ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion. | l |
| | | 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 meet the n position requirements of C or D, but is secured with a minimum of 3 nails. | ail |
| | | C. Single Wraps | |
| | | Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side. | ıa |
| | | D. Double Wraps | |
| | | Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured wit a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or | h |
| | | ☐ Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side. | 1 |
| | | E. Structural Anchor bolts structurally connected or reinforced concrete roof. | |
| | | F. Other: | |
| | | G. Unknown or unidentified | |
| | | H. No attic access | |
| 5. | | tof Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall shost structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification). | of |
| | | A. Hip Roof Hip roof with no other roof shapes greater than 10% of the total roof system perimeter. | |
| | | B. Flat Roof 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 2:12 sq ft; Total roof area sq ft | |
| | | less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft C. Other Roof Any roof that does not qualify as either (A) or (B) above. | |
| 6. | Sec | Condary Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss. B. No SWR. | ne |
| | | C. Unknown or undetermined. | |
| In | spec | ctors Initials Property Address | |
| | | | |

^{*}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 <u>weakest</u> 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.

| _ | ening Protection Level Chart | | Glazed O | penings | | | Glazed enings |
|---------------|---|------------------------------|-----------------|-----------|----------------|----------------|------------------|
| openi form | an "X" in each row to identify all forms of protection in use for each ng type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate eakest form of protection (lowest row) for Non-Glazed openings. | Windows or Entry Doors | Garage Doors | Skylights | Glass Block | Entry Doors | Garage Doors |
| N/A | Not Applicable- there are no openings of this type on the structure | | | | | | |
| Α | Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights) | | | | | | |
| В | Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights) | | | | | | |
| С | Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007 | | | | | | |
| D | Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance | | | | | | |
| N | Opening Protection products that appear to be A or B but are not verified | | | | | | |
| IN | Other protective coverings that cannot be identified as A, B, or C | | | | | | |
| Х | 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 |
| 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 device |

- **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 |
|---|---------------------|-------------|------|------------|---------------|---------|------------|------|-----|--------|----------|-----|---------|------|
| | olywood/OSB meeting | | | | | | | | | | | | | |

- ☐ 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

| nspectors initials Property | Address | |
|-----------------------------|---------|--|
| | | |

^{*}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.

| □ N.1 All No | n-Glazed openings classified as Level A, B, | C, or N in the tabl | e above, or no No | on-Glaze | d openings exist |
|--|--|---|---|---|---|
| □ N.2 One on | More Non-Glazed openings classified as Lo | | | | |
| table above | | T 137 45 45 | la akana | | |
| | More Non-Glazed openings is classified as | | | V: | n the table about |
| X. None or | Some Glazed Openings One or more C | ilazed openings | classified and L | evel X 1 | n the table above. |
| | MITIGATION INSPECTIONS MUS Section 627.711(2), Florida Statutes, p | ST BE CERTIFI provides a listing | ED BY A QUAL | IFIED who ma | INSPECTOR. y sign this form. |
| ialified Inspector Name: | Steven Rosenbaum | License Type | Engineeri | ng | License or Certificate # 49307 |
| spection Company | Insight Inspections | | | Phone | (941) 224-9030 |
| ualified Inspe | ector – I hold an active license a | as as (check o | ne) | | |
| | licensed under Section 468.8314, Florida Si | | | ory numl | per of hours of hurricane mitigation |
| | ed by the Construction Industry Licensing B | | | | Al of hours of harroand magazina |
| | aspector certified under Section 468.607, Flo | | | | |
| General, buildin | g or residential contractor licensed under Se | ection 489.111, Flo | rida Statutes. | | |
| Professional eng | gineer licensed under Section 471.015, Florid | da Statutes. | | | |
| | hitect licensed under Section 481.213, Florid | | | | |
| Any other indiv | idual or entity recognized by the insurer as p | possessing the nece | ssary qualificatio | ns to pro | perly complete a uniform mitigation |
| verification for | n pursuant to Section 627.711(2), Florida St | tatutes. | | | |
| | osenbaum am a qualified inspect | tor and 1 person | any performed | the insp | section of (ucenseu |
| ntractors and pand I agree to be palified Inspect in individual or bject to investigate propriate licentifies this former formed the incomeowner to sidence identifie | responsible for his/her work. or Signature: entity who knowingly or through grost gation by the Florida Division of Insurating agency or to criminal prosecution is shall be directly liable for the misconspection. complete: I certify that the named Qual d on this form and that proof of identific | ss negligence pro rance Fraud and n. (Section 627.7 nduct of employed | vides a false or may be subject 11(4)-(7), Flori es as if the aut r his or her emp ed to me or my | of inspect 10/202- r fraudu et to adn da Statu horized | lent mitigation verification form is ministrative action by the tes) The Qualified Inspector who mitigation inspector personally |
| ntractors and pound I agree to be ualified Inspect in individual or object to investigate the investigation of the individual or object to investigate the individual or obtain or receive | responsible for his/her work. or Signature: entity who knowingly or through grose gation by the Florida Division of Insursing agency or to criminal prosecution a shall be directly liable for the misconspection. | ss negligence pro rance Fraud and n. (Section 627.7 nduct of employe lified Inspector o cation was provid Date: Ma ers a false or frauto which the indi | vides a false or may be subject 11(4)-(7), Flories as if the aut or his or her emped to me or my an 10, 20 adulent mitigat | of inspect 10/202 fraudu et to adn da Statu horized doyee did Authoriz | lent mitigation verification form is ninistrative action by the test The Qualified Inspector who mitigation inspector personally deperform an inspection of the med Representative. |
| and I agree to be contractors and property of the first degree to be contractors and property of the first degree to be contractors and property of the first degree to be contractors of the first degree to be contractors of the definitions of the definition of the defi | responsible for his/her work. or Signature: entity who knowingly or through gross gation by the Florida Division of Insursing agency or to criminal prosecution shall be directly liable for the misconspection. complete: I certify that the named Qual don this form and that proof of identification who knowingly provides or utter a discount on an insurance premium to a discount on an insurance premium to this form are for inspection purposes the this form are for inspection purposes the control of the proof of the miscount on an insurance premium to the control of the proof of the proof of the miscount on an insurance premium to the proof of the pr | ss negligence pro rance Fraud and n. (Section 627.7 aduct of employe lified Inspector o cation was provid Date: Ma ers a false or frauto which the indis) s only and cannot | vides a false or may be subject 11(4)-(7), Floring as if the autor his or her emped to me or my and 10, 20 adulent mitigatividual or entition be used to ce | frauduct to admida Statuhorized | lent mitigation verification form is an inistrative action by the test The Qualified Inspector who mitigation inspector personally disperson an inspection of the med Representative. fication form with the intent to centitled commits a misdemeanor |
| nd I agree to be ualified Inspect n individual or abject to investion propriate licenterformed the interference identifies this formed the interference identifies ignature: In individual or btain or receive f the first degree is offering protect. | responsible for his/her work. or Signature: entity who knowingly or through gross gation by the Florida Division of Insursing agency or to criminal prosecution shall be directly liable for the misconspection. complete: I certify that the named Qual don this form and that proof of identification who knowingly provides or utter a discount on an insurance premium to a discount on an insurance premium to this form are for inspection purposes the this form are for inspection purposes the control of the proof of the miscount on an insurance premium to the control of the proof of the proof of the miscount on an insurance premium to the proof of the pr | ss negligence pro rance Fraud and n. (Section 627.7 nduct of employe lified Inspector o cation was provid Date: Ma ers a false or frau to which the indis | vides a false or may be subject 11(4)-(7), Floring as if the autor his or her emped to me or my and 10, 20 adulent mitigatividual or entition be used to ce | frauduct to admida Statuhorized | lent mitigation verification form is an inistrative action by the test The Qualified Inspector who mitigation inspector personally disperson an inspection of the med Representative. fication form with the intent to centitled commits a misdemeanor |















All non-glazed garage doors are impact rated

| │ □ WS | PANSP-2F153 | Hospital | (PSF) +32.8 / -37.8 | Cyclic Ratedes | State / Loose Approved Market |
|--------|-------------|----------|---------------------|----------------|----------------------------------|
| □ ws | PANSP-2F153 | 193723-B | +32.0 / -37.0 | YES | FLIGHTS SE |
| W51 | PANSP-2F153 | 194818-A | +32.0 / -37.0 | NO . | FL15270.50 |
| □ WST | PANSP-2F153 | 194818-B | 1000000 | YES | PL10540.0 |
| - | | | +32.0 / -37.0 | NO | FL10546.9 |
| - | 000 | 90.1 | | 1 | 1 |
| 1 | 1 | 100 | | | 100 |
| - / | 1 | 1. | | | 1 |
| | | 20.0 | | | |
| DASMA | 108 or TA | S 202 (N | NOA) LABE | 1 | - |

Balance of openings are glazed and all are impact rated - LAMINATED GLASS - MDCA -



