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	

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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	

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	umentation of compliance (Level N in the in-Glazed openings classified as Level A, B, C		above, or no No	on-Glazeo	l openings exist	
□ N.2 One or	More Non-Glazed openings classified as Leve					Level X in the
table above		- 137 - 45 - 411	Acres			
	More Non-Glazed openings is classified as Le			aval V i	n the table above	
X. None or	Some Glazed Openings One or more Gla	azea openings c	lassified and L	everA	ii the table above.	First Control
	MITIGATION INSPECTIONS MUST Section 627.711(2), Florida Statutes, pro	BE CERTIFIL	ED BY A QUAL of individuals	JFIED who ma	INSPECTOR. y sign this form.	
ualified Inspector Name:	Steven Rosenbaum	License Type	Engineeri	ng	License or Certificate #.	49307
spection Company	Insight Inspections			Phone	(941) 224-90	30
ualified Inspe	ector – I hold an active license as	a: (check on	ie)			
	licensed under Section 468.8314, Florida Stati			ory numb	per of hours of hurrican	ne mitigation
	ed by the Construction Industry Licensing Boar					
Building code in	aspector certified under Section 468.607, Florida	da Statutes.				
	g or residential contractor licensed under Secti		ida Statutes.			
	gineer licensed under Section 471.015, Florida					
	hitect licensed under Section 481.213, Florida					- miti-sti-
Any other indiv	idual or entity recognized by the insurer as pos in pursuant to Section 627.711(2), Florida Statu	ssessing the neces	sary qualification	ns to pro	perly complete a unifor	m miugauon
	than licensed contractors licensed unde				6 1 1 1 1 1 1 1	Bassard
perience to con	471.015 or s.489.111 may authorize a d duct a mitigation verification inspection	irect employee L	who possesses	s the rec	uisite skill, knowle	
Steven Respectively of the contractors and properties to be contractors and properties of the contractors of the contrac	duct a mitigation verification inspection DSONDAUM am a qualified inspector name) refessional engineers only) I had my emp responsible for his/her work. or Signature: entity who knowingly or through gross or gation by the Florida Division of Insurar sing agency or to criminal prosecution. I shall be directly liable for the miscondus spection. complete: I certify that the named Qualified on this form and that proof of identificate	r and I persona ployee (who possesses ally performed (print name of the print name of the performed of the performed of the performance of the perfor	the inspect the inspect to administrated to administrated to with the inspect to administrated to administra	pection or (licensed form the inspection tor) dent mitigation verininistrative action between the desired mitigation inspectors are inspected perform an inspectors.	fication form is by the Inspector who r personally
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Steven Re (print reportractors and print reportractors and print reportractors and print I agree to be dualified Inspect to investign performed the invertifies this form the formed the invertifies this form the first degree of the first degree of the first degree.	duct a mitigation verification inspection DSCONDAUM am a qualified inspector ame) rofessional engineers only) I had my emp responsible for his/her work. or Signature: centity who knowingly or through gross relation by the Florida Division of Insurance in shall be directly liable for the misconduspection. complete: I certify that the named Qualified on this form and that proof of identificate centity who knowingly provides or utters	irect employee r and I persona ployee (who possesses dly performed (print name of the print name of the performed of the performed of the performance of the perform	the inspect the inspect to admit to admit to admit to admit and the inspect to admit a statuthorized to according to the inspect to admit a statuthorized to according to the inspect to a statuthorized to according to the inspect to a statuthorized to a statuth	pection or (licensed form the inspection tor) dent mitigation veri inistrative action has tes) The Qualified mitigation inspector ded Representative. fication form with the entitled commits a management of the commits and the commits a management of the commits and the commits a management of the commits a	fication form is by the Inspector who r personally ion of the the intent to misdemeanor
Steven Re (print reportractors and print reportraction in individual or retifies this form retifies the first degree of the definitions on as offering protect.	duct a mitigation verification inspection OSCHDAUM am a qualified inspector name) responsible for his/her work. or Signature: entity who knowingly or through gross or gation by the Florida Division of Insurar sing agency or to criminal prosecution. I shall be directly liable for the miscondus spection. complete: I certify that the named Qualified on this form and that proof of identificate d on this form and that proof of identificate entity who knowingly provides or utters a discount on an insurance premium to c. (Section 627.711(7), Florida Statutes) on this form are for inspection purposes of tion from hurricanes.	irect employee r and I persona ployee (who possesses ally performed (print name of the possesses) Pate: 5/1 rides a false or may be subjected as if the authority of the many of the possesses as if the authority of the possesses are possesses as if the authority of the possesses as if the authority of the possesses are possesses as if the authority of the possesses are possesses as if the authority of the possesses are possesses as if the authority of the possesses are possesses as if the authority of the possesses are possesses as if the authority of the possesses are possesses as if the authority of the possesses are possesses as if the authority of the possesses are possesses as if the authority of the possesses are possesses as if the authority of the possesses are possesses as if the authority of the possesses are possesses as if the authority of the possesses are possesses as if the authority of the possesses are possesses as if the authority of the possesses are possesses as if the authority of the possesses are possesses as if the authority of the possesses are possesses as if the authority of the possesses are possesses as if the authority of the possesses are possesses as a possesses are possesses are possesses as a possesses are possesses as a posse	the inspect the inspect to admit to admit to admit to admit and the inspect to admit a statuthorized to according to the inspect to admit a statuthorized to according to the inspect to a statuthorized to according to the inspect to a statuthorized to a statuth	pection or (licensed form the inspection tor) dent mitigation veri inistrative action has tes) The Qualified mitigation inspector ded Representative. fication form with the entitled commits a management of the commits and the commits a management of the commits and the commits a management of the commits a	fication form is by the Inspector who r personally ion of the the intent to misdemeanor







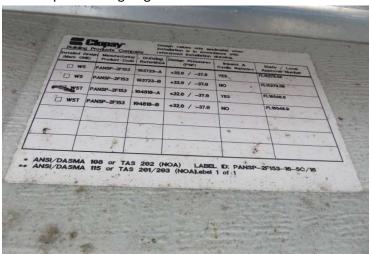








Impact rated garage doors



All other openings are glazed and all are impact rated - LAMINATED GLASS - MDCA -



