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

Inspection Date:	of this form and any	documentation pro	vided with the insurance	ce poncy
Owner Information				
Owner Information Owner Name:			Contact Person:	
Address:			Home Phone:	
City:	Zip:		Work Phone:	
County:	Zip.		Cell Phone:	
Insurance Company:			Policy #:	
Year of Home:	# of Stories:		Email:	
NOTE: Any documentation used in accompany this form. At least one p though 7. The insurer may ask additional content of the co	hotograph must accom	pany this form to valid	late each attribute marke	ed in questions 3
Building Code: Was the structure the HVHZ (Miami-Dade or Browan ———————————————————————————————————	rd counties), South Florid	da Building Code (SFBC	C-94)?	
☐ A. Built in compliance with the a date after 3/1/2002: Building	Permit Application Date	(MM/DD/YYYY)/		
☐ B. For the HVHZ Only: Built i provide a permit application w	ith a date after 9/1/1994:	Building Permit Applic		
☐ C. Unknown or does not meet	the requirements of Answ	wer "A" or "B"		
2. Roof Covering: Select all roof cov OR Year of Original Installation/Rocovering identified.				
2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or 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 about installation OR have a roofing				
 B. All roof coverings have a M roofing permit application after 				
\Box C. One or more roof coverings			"B".	
\Box D. No roof coverings meet the	requirements of Answer	"A" or "B".		
3. Roof Deck Attachment : What is the	ne weakest form of roof	deck attachment?		
 A. Plywood/Oriented strand both by staples or 6d nails spaced a shinglesOR- Any system of smean uplift less than that required. 	at 6" along the edge and screws, nails, adhesives,	12" in the fieldOR- I other deck fastening sys	Batten decking supporting	wood shakes or wood
☐ B. Plywood/OSB roof sheathin 24"inches o.c.) by 8d common other deck fastening system or a maximum of 12 inches in the	nails spaced a maximum truss/rafter spacing that	n of 12" inches in the figure is shown to have an equ	eldOR- Any system of sc iivalent or greater resistance	rews, nails, adhesives,
C. Plywood/OSB roof sheathin 24"inches o.c.) by 8d common decking with a minimum of 2 Any system of screws, nails, a	nails spaced a maximur nails per board (or 1 nail dhesives, other deck fast	m of 6" inches in the field per board if each board	eldOR- Dimensional lum I is equal to or less than 6	ber/Tongue & Groove inches in width)OR-
Inspectors Initials MProperty A	ddress			

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		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 Prope	erty Adaress	
	-	

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	umentation of compliance (Level N in the in-Glazed openings classified as Level A, B, C		above, or no No	n-Glazeo	l openings exist	
☐ N.2 One or	More Non-Glazed openings classified as Lev					Level X in the
table above		137 - de est	. A.u.			
	More Non-Glazed openings is classified as L			and Vi	n the table above	
X. None or	Some Glazed Openings One or more Gl	lazed openings c	lassified and L	evel A I	ii the table above.	
	MITIGATION INSPECTIONS MUST Section 627.711(2), Florida Statutes, pr	T BE CERTIFIE ovides a listing	ED BY A QUAL of individuals	IFIED who ma	INSPECTOR. y sign this form.	
ualified Inspector Name:	Steven Rosenbaum	License Type	Engineerin	ng	License or Certificate #	49307
spection Company	Insight Inspections			Phone	(941) 224-90	30
nalified Inspe	ector – I hold an active license as	s a: (check or	ne)			
	licensed under Section 468.8314, Florida Stat			ory numb	er of hours of hurrican	ne mitigation
	ed by the Construction Industry Licensing Boa					
Building code in	aspector certified under Section 468.607, Flor	ida Statutes.				
	g or residential contractor licensed under Sect		ida Statutes.			
	gineer licensed under Section 471.015, Florida					
	hitect licensed under Section 481.213, Florida		ne d		anh complete a wife	m mitigation
Any other indiv	idual or entity recognized by the insurer as pon pursuant to Section 627.711(2), Florida Stat	ossessing the neces	sary qualification	ns to prop	periy complete a unifor	m midgation
	than licensed contractors licensed under	Castian 400 1	111 Florido St	atritae e	w nyofassianal angi	near licensed
perience to con	duct a mitigation verification inspection	direct employee n.	who possesses	the reg	h employees or oth uisite skill, knowle	dge, and
Steven Re (print rentractors and print rentr	duct a mitigation verification inspection DSONDAUM am a qualified inspecto name) rofessional engineers only) I had my em responsible for his/her work. or Signature: entity who knowingly or through gross eation by the Florida Division of Insura sing agency or to criminal prosecution. I shall be directly liable for the miscond spection. complete: I certify that the named Qualif d on this form and that proof of identificat	negligence province Fraud and (Section 627.71) luct of employee	who possesses ally performed (print name of the print name of the performed of the performed of the performance of the perfor	the inspection of the inspecti	pection or (licensed form the inspection tor) dent mitigation veriministrative action bettes) The Qualified benitigation inspector perform an inspection of the performance of the pe	fication form is y the Inspector who r personally
Steven Re (print reportractors and print reportractors and print I agree to be dualified Inspect an individual or ubject to investign performed the insertion of the insertion o	duct a mitigation verification inspection DSONDAUM am a qualified inspecto name) refessional engineers only) I had my em responsible for his/her work. Or Signature: entity who knowingly or through gross gation by the Florida Division of Insura sing agency or to criminal prosecution. I shall be directly liable for the miscond spection. complete: I certify that the named Qualif d on this form and that proof of identificate entity who knowingly provides or utters a discount on an insurance premium to	negligence province Fraud and (Section 627.71 luct of employee Date: Ma	who possesses ally performed (print name of the print name of the performed of the performed of the performance of the perfor	the inspect of inspect of the inspec	pection or (licensed form the inspection tor) dent mitigation veri inistrative action buttes) The Qualified imitigation inspector ded Representative.	fication form is y the inspector who r personally
Steven Re (print rontractors and prontractors and individual or estimated the instance identifies this form erformed the instance identifies and individual or obtain or receive of the first degree.	duct a mitigation verification inspection DSCONDAUM am a qualified inspector ame) rofessional engineers only) I had my em responsible for his/her work. or Signature: centity who knowingly or through gross cation by the Florida Division of Insurating agency or to criminal prosecution. shall be directly liable for the miscond spection. complete: I certify that the named Qualify don this form and that proof of identification.	negligence province Fraud and (Section 627.71 luct of employee Date: Manual which the individual which the individual of the section was provided by the section was provi	who possesses ally performed (print name of the possesses) Date: 5/1 vides a false or may be subjected as if the authority of the possesses of the possesses of the authority of the possesses of the possesses of the authority of the possesses of the possesse	the inspector of i	pection or (licensed form the inspection tor) dent mitigation verification inspector inspector inspector in perform an inspector ded Representative.	fication form is y the Inspector who resonally on of the he intent to nisdemeanor
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 inspecto name) rofessional engineers only) I had my em responsible for his/her work. or Signature: entity who knowingly or through gross eation by the Florida Division of Insura sing agency or to criminal prosecution. shall be directly liable for the miscond spection. complete: I certify that the named Qualif d on this form and that proof of identificat entity who knowingly provides or utter a discount on an insurance premium to c. (Section 627.711(7), Florida Statutes) of this form are for inspection purposes of etion from hurricanes.	negligence province Fraud and (Section 627.71 luct of employee Date: Manual which the individual which the individual of the section was provided by the section was provi	who possesses ally performed (print name of the possesses of the subject of the	the inspector of i	pection or (licensed form the inspection tor) dent mitigation verification inspector inspector inspector in perform an inspector ded Representative.	fication form is y the Inspector who resonally on of the he intent to nisdemeanor



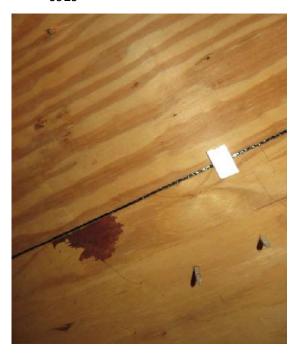




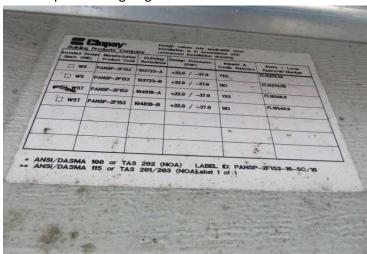








Impact rated garage doors



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



