## **Uniform Mitigation Verification Inspection Form**

| Inspection Date:   Owner Information   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Owner Name:  Address:  City:  Zip:  Work Phone:  Cell Phone:  County:  Policy #:  Year of Home:  NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.  1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade provide a permit application with a date after 91/1994: Building Permit Application Date (MMDDYYYY)   |  |  |  |  |  |  |  |
| Address:   Zip:   Work Phone:  |  |  |  |  |  |  |  |
| City:  |  |  |  |  |  |  |  |
| County:    Cell Phone:   |  |  |  |  |  |  |  |
| Insurance Company:   |  |  |  |  |  |  |  |
| Year of Home:  |  |  |  |  |  |  |  |
| NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.  1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in 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 application with a date after 3/1/2002: Building Permit Application Date (MMDDYYYY)/   |  |  |  |  |  |  |  |
| accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.  1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?  A. Built in compliance with the FBC: Year Built   |  |  |  |  |  |  |  |
| 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 application with a date after 3/1/2002: Building Permit Application Date (MMDDYYYYY)/   |  |  |  |  |  |  |  |
| a date after 3/1/2002: Building Permit Application Date (MMDDYYYY) /    B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MMDD/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 Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.  Permit Application  |  |  |  |  |  |  |  |
| provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY)/  |  |  |  |  |  |  |  |
| 2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.    Permit Application   Permit Application   Permit Application   Product Approval #   Vear of Original Installation or Replacement   Provided for Compliance   Product Approval #   Product Approval #   Provided for Compliance   Provided for Compliance   Product Approval #   Provided for Compliance    |  |  |  |  |  |  |  |
| OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.    Permit Application Date   Permit Application Date   Product Approval #   Product Approval   Product   P |  |  |  |  |  |  |  |
| 2.1 Roof Covering Type:    Permit Application Date   FBC or MDC Product Approval #   Year of Original Installation or Replacement   Provided for Compliance  |  |  |  |  |  |  |  |
| 2. Concrete/Clay Tile  |  |  |  |  |  |  |  |
| 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 at time of   |  |  |  |  |  |  |  |
| A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of   |  |  |  |  |  |  |  |
| A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later.   |  |  |  |  |  |  |  |
| installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later.  |  |  |  |  |  |  |  |
| B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later.  |  |  |  |  |  |  |  |
| ☐ 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?   |  |  |  |  |  |  |  |
| <ul> <li>A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches o.c. by staples or 6d nails spaced at 6" along the edge and 12" in the fieldOR- Batten decking supporting wood shakes or wood shinglesOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift less than that required for Options B or C below.</li> <li>B. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced a maximum of 24"inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails, adhesives other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails space a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.</li> </ul>   |  |  |  |  |  |  |  |
| C. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 6" inches in the fieldOR- Dimensional lumber/Tongue & Groov 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 in width)OR Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent   |  |  |  |  |  |  |  |

\*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.  |
|-----|-------|--|
|     | П     | D. Reinforced Concrete Roof Deck.  |
|     | П     | E. Other:  |
|     | П     | F. Unknown or unidentified.  |
|     |       | G. No attic access.  |
| 1   |       |  |
| 4.  |       | of to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within the tof the inside or outside corner of the roof in determination of WEAKEST type)  |
|     |       | A. Toe Nails   |
|     |       | ☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached t the top plate of the wall, or  |
|     |       | ☐ 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, <b>and</b>  |
|     |       | 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 <b>and</b> blocked no more than 1.5" of the truss/rafter, <b>and</b> free of visible severe corrosion.   |
|     |       | B. Clips   |
|     |       | ☐ Metal connectors that do not wrap over the top of the truss/rafter, <b>or</b>  |
|     |       | ☐ Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the na position requirements of C or D, but is secured with a minimum of 3 nails.   |
|     |       | 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.   |
|     |       | 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 with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, <b>or</b> |
|     |       | ☐ 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.   |
|     |       | E. Structural Anchor bolts structurally connected or reinforced concrete roof.   |
|     |       | F. Other:  |
|     |       | G. Unknown or unidentified   |
|     |       | H. No attic access   |
| 5.  |       | of Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall o host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).  |
|     |       | A. Hip Roof 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 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   |
|     |       | C. Other Roof Any roof that does not qualify as either (A) or (B) above.   |
| 6.  | Sec   | ondary 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.   |
|     |       | C. Unknown or undetermined.  |
| Ins | spec  | tors Initials  Property Address  |
| *T  | hic v | verification form is valid for up to five (5) years provided no material changes have been made to the structure or  |

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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.

|               | pening Protection Level Chart   |                              | Glazed Openings |           |                |                | Non-Glazed<br>Openings |  |
|---------------|---|------------------------------|-----------------|-----------|----------------|----------------|------------------------|--|
| openi<br>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<br>or Entry<br>Doors | Garage<br>Doors | Skylights | Glass<br>Block | Entry<br>Doors | Garage<br>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   |                              |                 |           |                |                |                        |  |
| I N           | 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

☐ A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist

- 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

| 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 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 <u>and</u> 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

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

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

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

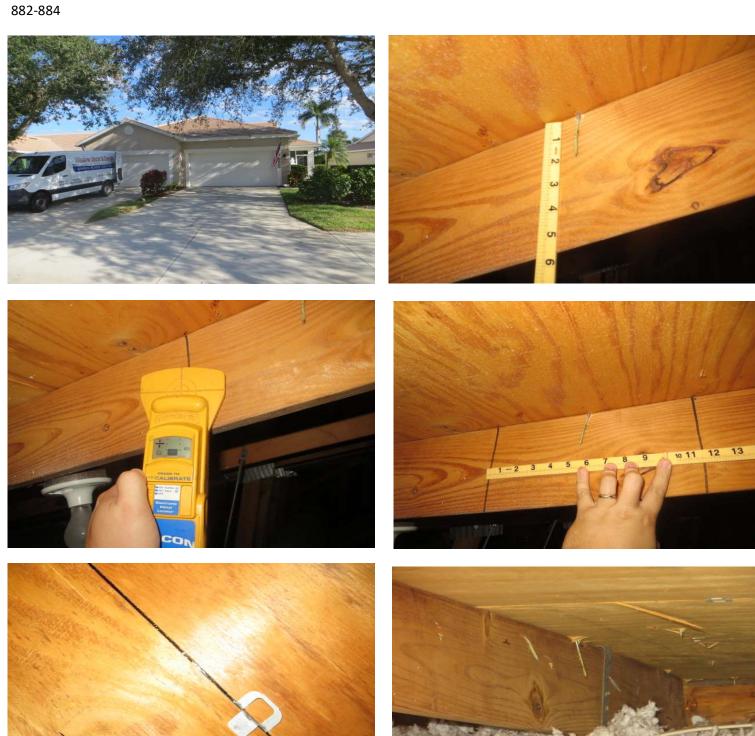
☐ C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

Inspectors Initials Property Address

the table above

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| N. Exter   | or Opening Protection (unverified shutter<br>e coverings not meeting the requirements of A | systems with r     | o documentation) A      | Il 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" or  |  |                    |                         |   |  |  |  |
| N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non Glazed and a series of the series of |  |                    |                         |   |  |  |  |
| table ab   | ove  | D in the table ab  | ove, and no Non-Glaze   | d openings classified as Level X in the |  |  |  |
| □ N.3 One  | or More Non-Glazed openings is classified as Lev   | el X in the table  | above                   |   |  |  |  |
| X. None  | or Some Glazed Openings One or more Glaz   | ed openings cla    | ssified and Level X is  | n the table above.                      |  |  |  |
| MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR.  Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.  Qualified Inspector Name:   |  |                    |                         |   |  |  |  |
|  | Steven Rosenbaum   | I income T         | Engineering             | License or Certificate #: 49307         |  |  |  |
| Inspection Company:  | Insight Inspections  |                    | Phone:                  | (941) 224-9030                          |  |  |  |
| Qualified Inspector – I hold an active license as a: (check one)   |  |                    |                         |   |  |  |  |
| Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.  |  |                    |                         |   |  |  |  |
| ☐ Building code  | inspector certified under Section 468.607, Florida   | Statutes.          |                         |   |  |  |  |
| ☐ General, build   | ing or residential contractor licensed under Section                                       | 1 489.111, Florida | Statutes.               |   |  |  |  |
| X Professional e   | ngineer licensed under Section 471.015, Florida St   | atutes.            |                         |   |  |  |  |
| Professional architect licensed under Section 481.213, Florida Statutes.   |  |                    |                         |   |  |  |  |
| Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.  |  |                    |                         |   |  |  |  |
| Individuals other  | than licensed contractors licensed under   | Section 489.111    | Florida Statutes o      | r professional anginess !               |  |  |  |
|  |  |                    |                         |   |  |  |  |
| experience to co   | educt a mitigation verification inspection.  | ect employee w     | ho possesses the req    | uisite skill, knowledge, and            |  |  |  |
| I, Steven Rosenbaum am a qualified inspector and I personally performed the inspection or (licensed  |  |                    |                         |   |  |  |  |
| contractors and professional engineers only) I had my employee (   |  |                    |                         |   |  |  |  |
| Qualified Inspector Signature:  Date: 11/2/2023  |  |                    |                         |   |  |  |  |
|  | 1000   |                    |                         |   |  |  |  |
|  | entity who knowingly or through gross neg<br>gation by the Florida Division of Insurance   |                    |                         |   |  |  |  |
| SPPIOPILATE HECH   | sing agency of to criminal prosecution 784   | ction 627 711()    | (7) Thomas - CA-A       | ) TITLE O. 1800 T. T.                   |  |  |  |
| performed the in   | Situal be directly habit for the misconduct  | of employees a     | s if the authorized n   | nitigation inspector personally         |  |  |  |
| Homeowner to   | complete: I certify that the named Qualified   | Inspector or his   | or her employee did     | perform an inspection of the            |  |  |  |
| residence identified on this form and that proof of identification was provided to me or my Authorized Representative.  Signature:   |  |                    |                         |   |  |  |  |
|  |  |                    | /                       |   |  |  |  |
| An individual or   | entity who knowingly provides or utters a f  | alse or fraudu     | ont mitigation west     |   |  |  |  |
|  | a discount on an insurance premium to wh<br>. (Section 627.711(7), Florida Statutes)       | ich the individ    | ual or entity is not en | ntitled commits a misdemeanor           |  |  |  |
| The definitions or   | this form are for inspection purposes only   | and cannot be      | used to certify any     | product or construction feature         |  |  |  |
| no orienting brocce  | don it our nutricanes.   |                    | •                       |   |  |  |  |
|  | Property Address 882-884 Tartan I  | Or                 |                         |   |  |  |  |
| *This verification   | Froperty Address 882-884 Tartan E  |                    | changes have been       | made to the structure or                |  |  |  |
| *This verification inaccuracies foun   | form is valid for up to five (5) years provid  |                    | changes have been       | made to the structure or                |  |  |  |



## 882-884

