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

	or unis form and any	uocumentation prov	vided with the insurance	e poncy				
Inspection Date: Owner Information								
Owner Information Owner Name:			Contact Person:					
Address:			Home Phone:					
City:	Zip:		Work Phone:					
County:	r·		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 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								
☐ A. Built in compliance with the a date after 3/1/2002: Building I	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 (MM/DD/YYYY)//							
 B. For the HVHZ Only: Built in provide a permit application wit C. Unknown or does not meet the 	h a date after 9/1/1994:	Building Permit Applic						
2. Roof Covering: Select all roof cove OR Year of Original Installation/Recovering identified.	ring types in use. Provid	le the permit application		ance for each roof				
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								
<u> </u>								
_								
6. Other	/ /							
 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. 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			=	later.				
C. One or more roof coverings of	-		"B".					
☐ D. No roof coverings meet the r	-							
3. Roof Deck Attachment : What is the	·							
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 equivalen mean uplift less than that required for Options B or C below.								
24"inches o.c.) by 8d common other deck fastening system or t	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 spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.							
C. Plywood/OSB roof sheathin 24"inches o.c.) by 8d common decking with a minimum of 2 n Any system of screws, nails, ad	nails spaced a maximun ails per board (or 1 nail	n of 6" inches in the fie per board if each board	eldOR- Dimensional lum I is equal to or less than 6 i	ber/Tongue & Groove inches in width)OR-				
Inspectors Initials Property Ad	dress							

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		or greater res	sistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
	П	-	ed Concrete Roof Deck.
	П		
	П		or unidentified.
		G. No attic a	
4			
4.		et of the insid	tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within the 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 to the top plate of the wall, or
			Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Miı	nimal condition	ons 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.
		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 nail position requirements of C or D, but is secured with a minimum of 3 nails.
		C. Single W	
			Metal connectors consisting of a single strap that 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.
		D. Double V	Vraps
			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, or
			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 a	access
5.			What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of 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.
		B. Flat Roof	Total length of non-hip features: feet; Total roof system perimeter: feet
			less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof areasq ft
		C. Other Ro	of Any roof that does not qualify as either (A) or (B) above.
6.	Sec	A. SWR (also sheathing	er Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) so called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the gor foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the from water intrusion in the event of roof covering loss.
		B. No SWR.	
		C. Unknown	or undetermined.
Ins	spec	tors Initials _	Property Address
*Т	hia -		arm is valid for up to five (5) years provided no metarial 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 Openings	
Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest 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							
NI .	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							
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

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

• 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 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
<u>C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007</u> 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

Inspectors Initials _____ Property Address___

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N. Exterior Opening Protection (unverified shutter sprotective coverings not meeting the requirements of An with no documentation of compliance (Level N in the ta	nswer "A", "B", or C" or sy					
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 table above			* -			
N.3 One or More Non-Glazed openings is classified as Leve	el X in the table above					
☐ X. None or Some Glazed Openings One or more Glaze		Level X is	n the table above.			
MITIGATION INSPECTIONS MUST B Section 627.711(2), Florida Statutes, provi	~					
Qualified Inspector Name:	License Type:		License or Certificate #:			
Inspection Company:		Phone:				
 ☐ Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board ☐ Building code inspector certified under Section 468.607, Florida ☐ General, building or residential contractor licensed under Section 	 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, building or residential contractor licensed under Section 489.111, Florida Statutes. 					
Professional engineer licensed under Section 471.015, Florida St						
Professional architect licensed under Section 481.213, Florida St						
Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute		ons to pro	perly complete a uniform mitigation			
Individuals other than licensed contractors licensed under under Section 471.015, Florida Statues, must inspect the structure Licensees under s.471.015 or s.489.111 may authorize a direxperience to conduct a mitigation verification inspection. I, am a qualified inspector a (print name) contractors and professional engineers only) I had my emploand I agree to be responsible for his/her work. Qualified Inspector Signature:	ructures personally and no ect employee who possesse and I personally performed	ot through the reconstruction of the inspection	th employees or other persons. quisite skill, knowledge, and pection or (licensed rform the inspection			
An individual or entity who knowingly or through gross ne subject to investigation by the Florida Division of Insurance appropriate licensing agency or to criminal prosecution. (Secretifies this form shall be directly liable for the misconduct performed the inspection.	e Fraud and may be subjection 627.711(4)-(7), Flor	ct to adr ida Statı	ninistrative action by the utes) The Qualified Inspector who			
<u>Homeowner to complete</u> : I certify that the named Qualified residence identified on this form and that proof of identification						
Signature:I	Date:					
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to w of the first degree. (Section 627.711(7), Florida Statutes)						
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	ly and cannot be used to c	ertify an	y product or construction feature			
Inspectors Initials Property Address						
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