Uniform Mitigation Verification Inspection Form

Inspection Date: Contact Person: Contact Person:		of this form and an	y documentation prov	vided with the insuran	ce policy		
Owner Name: Address: Home Phone: City: Zip: Work Phone: County: Policy #: Year of Home: A of Stories: Policy #: Year of Home: Policy #:	Inspection Date:						
Address: City: Zip: Work Phone: County: Policy #: Insurance Company: Policy #: Policy #							
City: Zip: Work Phone:							
County: Insurance Company:							
Insurance Company: Policy #: Email:		Zip:					
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 to validate ceach 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 HHZ (Miami-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HHZ (Miami-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HHZ (Miami-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HHZ (Miami-Dade Droward). B. For the HYHZ Only: Built in compliance with the FBC-94. Year Built in 2002/2003 provide a permit application with a date after 91/1994. Building Permit Application Date one built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994. Building Permit Application Date one built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994. Building Permit Application Date one built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994. Building Permit Application Date one built in 1996 provide a permit application with a date after 91/1994. Building 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 coverings (bentified). 1.1 Boof Coverings Select all roof coverings to be subject to the permit application of the permit application was available to verify compliance for each roof coverings and built in 2004 or later. B. All roof coverings itsed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application after	•						
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2. ConcreteClay Tile	-				Provided for		
2. ConcreteClay Tile	☐ 1. Asphalt/Fiberglass Shingle	1 1					
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Inspectors Initials Property Address	24"inches o.c.) by 8d commo other deck fastening system of a maximum of 12 inches in the C. Plywood/OSB roof sheath 24"inches o.c.) by 8d commo decking with a minimum of 2	on nails spaced a maximum r truss/rafter spacing that the field or has a mean upuing with a minimum this on nails spaced a maximum this calls per board (or 1 nails	arm of 12" inches in the fier it is shown to have an equipalist resistance of at least 1 ckness of 7/16" inch attachum of 6" inches in the fier in the	eldOR- Any system of so livalent or greater resistand 103 psf. led to the roof truss/rafter ldOR- Dimensional lum lis equal to or less than 6	rews, nails, adhesives, be than 8d nails spaced (spaced a maximum of lber/Tongue & Groove inches in width)OR-		
*This verification form is valid for up to five (5) years provided no material changes have been made to the structure.			isiening system or truss/ra	mer spacing that is snown	to nave an equivalent		
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		greater res 2 psf.	sistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
			ed Concrete Roof Deck.
			Concrete Roof Beek.
			or unidentified.
		No attic a	
4.	Roof t	o Wall Att	tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within
			e 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
	Minim	al conditio	ons to qualify for categories B, C, or D. All visible metal connectors are:
	141111111	ar conditi	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	•
			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. Total length of non-hip features: feet; Total roof system perimeter: feet
	B.	Flat Roof	
	C.	Other Ro	
6.	A. B.	SWR (also sheathing dwelling No SWR.	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 or 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.
In	spector	s Initials _	Property Address
*T	his ver	ification fo	orm is valid for up to five (5) years provided no material changes have been made to the structure or
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inaccuracies found on the form. Page 2 of 4 OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

7. Opening Protection: What is the weakest 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.

Opening 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						
N	Opening Protection products that appear to be A or B but are not verified						
	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 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 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
 - C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

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 or inaccuracies found on the form.

N. Exterior Opening Protection (unverified shutter systems with no documentation) All 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" with no documentation of compliance (Level N in the table above).

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 D in the table above, and no Non-Glazed openings classified as Level X in the table above

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

X. None or Some Glazed Openings One or more Glazed openings classified and Level X in the table above.

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MITIGATION INSPECTIONS MUST B	~					
Section 627.711(2), Florida Statutes, provi	License Type:	s wno may	Sign this form. License or Certificate #:			
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Inspection Company:		Phone:				
Qualified Inspector – I hold an active license as a	· (chack ana)					
	` '	4 1	and Charles and Charles and Arichaelian			
	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	1 489.111, Florida Statutes.					
Professional engineer licensed under Section 471.015, Florida St	atutes.					
Professional architect licensed under Section 481.213, Florida St	atutes.					
Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute		ons to prop	perly complete a uniform mitigation			
Individuals other than licensed contractors licensed under	Section 489.111, Florida S	Statutes, o	or professional engineer licensed			
under Section 471.015, Florida Statues, must inspect the str	cuctures personally and n	ot throug	h employees or other persons.			
Licensees under s.471.015 or s.489.111 may authorize a dire	ect employee who possesse	es the req	uisite skill, knowledge, and			
experience to conduct a mitigation verification inspection.						
I, am a qualified inspector a	nd I personally performe	d the insp	pection or (licensed			
(print name))	C			
contractors and professional engineers only) I had my emplo	yee (
and I agree to be responsible for his/her work.	(ріші паше	or mapee				
Qualified Inspector Signature:	Date:					
An individual or entity who knowingly or through gross ne	gligence provides a false o	or fraudu	lent mitigation verification form is			
subject to investigation by the Florida Division of Insurance						
appropriate licensing agency or to criminal prosecution. (S						
certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally						
performed the inspection.						
<u>Homeowner to complete</u> : I certify that the named Qualified residence identified on this form and that proof of identification						
Signature:I	Oate:					
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	certify an	y product or construction feature			

*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.

Inspectors Initials _____ Property Address_