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

| Maintain a copy of this form and any documentation provided with the insurance policy  Inspection Date:                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                 |                                              |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------|----------------------------------------------|--|--|--|
| 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 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.                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                 |                                              |  |  |  |
| the HVHZ (Miami-Dade or Browa                                                                                                                                                                                                                                                                                                                                                                                                                       | 1. <b>Building Code</b> : 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 date after 3/1/2002: Building                                                                                                                                                                                                                                                                                                                                                                                                                     | 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)//                                                                                                                                                                                                                                                                                                                       |                                  |                                                 |                                              |  |  |  |
| provide a permit application w                                                                                                                                                                                                                                                                                                                                                                                                                      | 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 Ans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | swer "A" or "B"                  |                                                 |                                              |  |  |  |
| <ol> <li>Roof Covering: Select all roof cov<br/>OR Year of Original Installation/R<br/>covering identified.</li> </ol>                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                 |                                              |  |  |  |
| 2.1 Roof Covering Type:                                                                                                                                                                                                                                                                                                                                                                                                                             | Permit Application<br>Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FBC or MDC<br>Product Approval # | Year of Original Installation or<br>Replacement | No Information<br>Provided for<br>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 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 M roofing permit application after                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                 |                                              |  |  |  |
| ☐ C. One or more roof coverings                                                                                                                                                                                                                                                                                                                                                                                                                     | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  | "B".                                            |                                              |  |  |  |
| $\Box$ D. No roof coverings meet the                                                                                                                                                                                                                                                                                                                                                                                                                | requirements of Answer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | r "A" or "B".                    |                                                 |                                              |  |  |  |
| 3. <b>Roof Deck Attachment</b> : What is t                                                                                                                                                                                                                                                                                                                                                                                                          | the weakest form of roof                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | f deck attachment?               |                                                 |                                              |  |  |  |
| 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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                 |                                              |  |  |  |
| 24"inches o.c.) by 8d commor other deck fastening system of                                                                                                                                                                                                                                                                                                                                                                                         | 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.                            |                                  |                                                 |                                              |  |  |  |
| 24"inches o.c.) by 8d common decking with a minimum of 2                                                                                                                                                                                                                                                                                                                                                                                            | 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 & Groove 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 |                                  |                                                 |                                              |  |  |  |
| Inspectors Initials Property A                                                                                                                                                                                                                                                                                                                                                                                                                      | 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 leas 182 psf.                                                                                                                                                                                                                                                  |
|----|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |      | D. Reinforced Concrete Roof Deck.                                                                                                                                                                                                                                                                                                                                                         |
|    |      | E. Other:                                                                                                                                                                                                                                                                                                                                                                                 |
|    |      | F. Unknown or unidentified.                                                                                                                                                                                                                                                                                                                                                               |
|    |      | G. No attic access.                                                                                                                                                                                                                                                                                                                                                                       |
| 4. |      | of to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within et of 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 to the top plate of the wall, or                                                                                                                                                                                                                                        |
|    |      | ☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D                                                                                                                                                                                                                                                                                                  |
|    | Mi   | imal conditions to qualify for categories B, C, or D. All visible metal connectors are:                                                                                                                                                                                                                                                                                                   |
|    |      | $\Box$ 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 naipposition 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.                                                                                                                                                                            |
|    |      | <ul><li>E. Structural Anchor bolts structurally connected or reinforced concrete roof.</li><li>F. Other:</li></ul>                                                                                                                                                                                                                                                                        |
|    |      | 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 on 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  | <ul> <li>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.</li> <li>B. No SWR.</li> <li>C. Unknown or undetermined.</li> </ul> |
| In | spec | ors Initials Property Address                                                                                                                                                                                                                                                                                                                                                             |
|    |      | rerification form 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.

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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  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. |                                                                                                                                             | Glazed Openings              |                 |           |                | Non-Glazed<br>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                                                                   |                              |                 |           |                |                        |                 |
| 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

☐ 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

|                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ 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 openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the 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                                                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                        | $\square$ 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 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                        | $\square$ 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

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

 $\square$  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

inaccuracies found on the form.

<sup>\*</sup>This verification form is valid for up to five (5) years provided no material changes have been made to the structure or

| N. Exterior Opening Protection (unverified shutter s protective coverings not meeting the requirements of Ar with no documentation of compliance (Level N in the ta                                                                                                                         | nswer "A", "B", or C" or systems     |                                                                                                                                                                                              |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| □ N.1 All Non-Glazed openings classified as Level A, B, C, o                                                                                                                                                                                                                                | <i>'</i>                             | azed openings exist                                                                                                                                                                          |  |  |  |
| N.2 One or More Non-Glazed openings classified as Level 1 table above                                                                                                                                                                                                                       |                                      | ^ <del>-</del>                                                                                                                                                                               |  |  |  |
| ☐ 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                                                                                                                                                                                                                                           |                                      | X in the table above.                                                                                                                                                                        |  |  |  |
| MITIGATION INSPECTIONS MUST B<br>Section 627.711(2), Florida Statutes, provi                                                                                                                                                                                                                | ides a listing of individuals who    |                                                                                                                                                                                              |  |  |  |
| Qualified Inspector Name: Steven Rosenbaum                                                                                                                                                                                                                                                  | License Type: Engineering            | License or Certificate #: 49307                                                                                                                                                              |  |  |  |
| 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 Statute training approved by the Construction Industry Licensing Board                                                                                                                                                            |                                      |                                                                                                                                                                                              |  |  |  |
| $\square$ Building code inspector certified under Section 468.607, Florida                                                                                                                                                                                                                  | Statutes.                            |                                                                                                                                                                                              |  |  |  |
| $\square$ General, building or residential contractor licensed under Section                                                                                                                                                                                                                | 1 489.111, Florida Statutes.         |                                                                                                                                                                                              |  |  |  |
| X Professional engineer licensed under Section 471.015, Florida St                                                                                                                                                                                                                          | atutes.                              |                                                                                                                                                                                              |  |  |  |
| 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                                                                                                                                                         |                                      | properly complete a uniform mitigation                                                                                                                                                       |  |  |  |
| (print name)  contractors and professional engineers only) I had my emplo  and I agree to be responsible for his/her work.  Qualified Inspector Signature:  An individual or entity who knowingly or through gross ne subject to investigation by the Florida Division of Insurance         | nd I personally performed the oyee ( | ough employees or other persons. requisite skill, knowledge, and inspection or (licensed perform the inspection pector)  dulent mitigation verification form is administrative action by the |  |  |  |
| appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who 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                                                                                                                                                                                                                                                                                 | 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 only and cannot be used to certify any product or construction feature as offering protection from hurricanes.                                                                                                                     |                                      |                                                                                                                                                                                              |  |  |  |
| Inspectors Initials M Property Address                                                                                                                                                                                                                                                      |                                      |                                                                                                                                                                                              |  |  |  |
| *This verification form is valid for up to five (5) years prov                                                                                                                                                                                                                              | ided no material changes have        | been made to the structure or                                                                                                                                                                |  |  |  |
| inaccuracies found on the form.  OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155  Page 4 of 4                                                                                                                                                                                         |                                      |                                                                                                                                                                                              |  |  |  |





8d nails verified







6" spacing of deck nails



Wooden roof member bolted to masonry wall and clip wtih at least 3 nails into the rafter