Uniform Mitigation Verification Inspection Form Maintain a copy of this form and any documentation provided with the insurance policy

Inspection Date:	ins torm and any de	ocumentation provi	ded with the insurance	e poncy			
Owner Information							
Owner Name:			Contact Person:				
Address:			Home Phone:				
City:	Zip:		Work Phone:				
County:			Cell Phone:				
Insurance Company:			Policy #:				
Year of Home:	# of Stories:		Email:				
NOTE: Any documentation used in vali accompany this form. At least one photo though 7. The insurer may ask additions	graph must accompa	ny this form to valida	te each attribute marke	d in questions 3			
1. Building Code : Was the structure builthe HVHZ (Miami-Dade or Broward co	ounties), South Florida	Building Code (SFBC-	94)?				
☐ A. Built in compliance with the FB a date after 3/1/2002: Building Peri	mit Application Date (M	IM/DD/YYYY)//		11			
provide a permit application with a	provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY)//						
	•						
 Roof Covering: Select all roof covering OR Year of Original Installation/Replace covering identified. 							
	it 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>							
	/						
	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 Miam roofing permit application after 9/1							
☐ C. One or more roof coverings do r	ot meet the requiremen	nts of Answer "A" or "	B".				
☐ D. No roof coverings meet the requ	irements of Answer "A	A" or "B".					
3. Roof Deck Attachment : What is the w	eakest form of roof de	ck 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 common nail other deck fastening system or true maximum of 12 inches in the field	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 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 nail decking with a minimum of 2 nails	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 Addre							

*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

		18	2 psf.	istance than 8d common hans spaced a maximum of 6 inches in the field of has a mean upint resistance of at leas
				d Concrete Roof Deck.
	Ш			
				or unidentified.
		G.	No attic a	ccess.
4.				achment: What is the WEAKEST 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
	Mi	nim	al conditio	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.
		В.	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 nai position requirements of C or D, but is secured with a minimum of 3 nails.
		C.	Single Wi	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 W	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	ccess
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall o 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
		В.	Flat Roof	
		C.	Other Roo	
6.		А.	SWR (als sheathing dwelling to No SWR.	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) o 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. or undetermined.
T	are e			
ın	spec	tors	s initials _	Property Address
*7	71. i.a		fication fo	um is valid for up to five (5) years provided no material shanges have been made to the structure or

^{*}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.

7. <u>Opening Protection</u>: 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.

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 Openings	
		Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure						
Α	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						
В	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance						
N	Opening Protection products that appear to be A or B but are not verified						
IN	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection						

يا	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

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

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

- American Society for Testing and Materials (ASTM) E 1886 and ASTM E 1996
- Southern Standards Technical Document (SSTD) 12
- For Skylights Only: ASTM E 1886 and ASTM E 1996
- For Garage Doors Only: ANSI/DASMA 115

X in the table above			
☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above			
B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):			
• ASTM E 1886 <u>and</u> ASTM E 1996 (Large Missile – 4.5 lb.)			
• SSTD 12 (Large Missile – 4 lb. to 8 lb.)			
• For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large Missile - 2 to 4.5 lb.)			
☐ B.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist			
☐ B.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level C, N, or X in the table above			

C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007 All Glazed openings are covered with

C.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in

A.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level B, C, N, or

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

plywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2007 (Level C in the table above).

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

the table above

inaccuracies found on the form.

Inspectors Initials _____ Property Address_

N. Exterior Opening Protection (unverified shutter) protective coverings not meeting the requirements of A with no documentation of compliance (Level N in the tax	nswer "A", "B", or C" or		
□ N.1 All Non-Glazed openings classified as Level A, B, C, o	*	Non Glaza	Longnings 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 Lev	rel X in the table above		
☐ X. None or Some Glazed Openings One or more Glazed	ed openings classified and	d Level X i	n the table above.
MITIGATION INSPECTIONS MUST I Section 627.711(2), Florida Statutes, prov	~		
Qualified Inspector Name:	License Type:	•	License or Certificate #:
Inspection Company:		Phone:	
Inspection Company:		Pnone:	
Qualified Inspector – I hold an active license as a	: (check one)		
☐ Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board			per of hours of hurricane mitigation
☐ Building code inspector certified under Section 468.607, Florida	Statutes.		
☐ General, building or residential contractor licensed under Section	n 489.111, Florida Statutes.		
☐ Professional engineer licensed under Section 471.015, Florida S	tatutes.		
☐ Professional architect licensed under Section 481.213, Florida S	tatutes.		
Any other individual or entity recognized by the insurer as possed verification form pursuant to Section 627.711(2), Florida Statute		ations to pro	perly complete a uniform mitigation
Individuals other than licensed contractors licensed under under Section 471.015, Florida Statues, must inspect the st 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 emple and I agree to be responsible for his/her work. Qualified Inspector Signature: An individual or entity who knowingly or through gross not subject to investigation by the Florida Division of Insurance appropriate licensing agency or to criminal prosecution. (Seertifies this form shall be directly liable for the misconduct performed the inspection. Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification Signature:	ructures personally and rect employee who posse and I personally perform oyee (not throughses the reconce the inspection and the inspection of inspection and inspection of inspec	ch employees or other persons. Quisite skill, knowledge, and pection or (licensed rform the inspection ctor) clent mitigation verification form is ministrative action by the utes) The Qualified Inspector who mitigation inspector personally d perform an inspection of the zed Representative.
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.	aly and cannot be used to	certify an	y product or construction feature
Inspectors Initials Property Address			
*This verification form is valid for up to five (5) years provinaccuracies found on the form.	vided no material chang	es have bee	en made to the structure or

Page 4 of 4

OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155







