Owner Information	Inspection Date:	uns torm and any d	ocumentation provi	ided with the insurance	e poncy					
Owner Name: Contact Person:	•									
Address: Zip: Work Phone:				Contact Person:						
City: Zip: Work Phone: County: Coll Phone: Insurance Company: Policy #: Email: Morts: Morts:										
County: Cell Phone: Insurance Company: Policy #.		Zin·								
Insurance Company: Policy #: Policy #: Fimali: Email: Email: NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. 1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC-94)? A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 31/2002. Building Permit Application Date observery: For homes built in 2002/2003 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application date of Original Installation/Replacement OR indicate that no information was available to verify compliance for even roof covering Identified. 2.1 Roof Covering Type: Porma Application date that no information was available to verify compliance for even roof installation OR have a roofing permit application date on or after 31/102 OR the roof is original and built in 2004 or later. A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR for the HVHZ only) a roofing permit application		Zip.								
Year of Home:	•									
NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated relaturels your crifted on this form. 1. Building Code: Was the structure built in compliance with the FIGC value of the HVHZ. (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ. (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date consorry	2 0	# of Stories:		· ·						
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 371/202 OR the 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 371/202 OR the roof coverings have a Miami-Dade permit application date on or after 371/202 OR the roof coverings when the requirements of Answer "A" or "B" 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 of attending permit application and about time or or more roof coverings and before 371/202 OR the roof is original and built in 1997 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR for have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirement of Covering the place of the roof is appealed to the ro										
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a date after 371/2002: Building Permit Application Date 00x0007777	the HVHZ (Miami-Dade or Broward c	ounties), South Florida	Building Code (SFBC-	-94)?						
C. Unknown or does not meet the requirements of Answer "A" or "B" 2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Permit Application Permit Application Product Approval Provided for Compliance Compliance Product Approval Product Prod	a date after 3/1/2002: Building Per	mit Application Date (M	IM/DD/YYYY)//							
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OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Date Product Approval # Vear of Original Installation or Provided for Compliance Froducts Approval # Product Product Approval # Product Produc	\Box C. Unknown or does not meet the	requirements of Answer	r "A" or "B"							
2.1 Roof Covering Type: Permit Application Dute Product Approval # Veur of Original Installation or Provided for Compiliance 1. Asphalic Fiberplass Shingle	OR Year of Original Installation/Repla				nce for each roof					
□ 2. Concrete/Clay Tile □ 3. Metal □ □ □ 4. Built Up □ □ □ 5. Membrane □ □ 6. Other. □ □ □ 0. Other. □ □ 0. Other. □ □ □ 0. Other. □ □ 0. Other. □ □ 0. Other. □ □ 0. Other. □ 0. Other. □					Provided for					
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3. Menul										
□ S. Membrane □ G. Onber □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □										
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	Inspectors Initials _M_ Property Addr	ess								

		or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.
		D. Reinforced Concrete Roof Deck.
		E. Other:
		F. Unknown or unidentified.
		G. No attic access.
4.		to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within teet of the inside or outside corner of the roof in determination of WEAKEST type)
	Ш	A. Toe Nails
		☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
		☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Miı	nimal conditions to qualify for categories B, C, or D. All visible metal connectors are:
		☐ Secured to truss/rafter with a minimum of three (3) nails, 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 nai position requirements of C or D, but is secured with a minimum of 3 nails.
		C. Single Wraps Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a 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, 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 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 of 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	 A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss. B. No SWR. C. Unknown or undetermined.
In	spec	ctors Initials Property Address
	-	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.

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						

A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at
a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval
system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure
and Large Missile Impact" (Level A in the table above).

- Miami-Dade County PA 201, 202, and 203
- Florida Building Code Testing Application Standard (TAS) 201, 202, and 203

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

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

	X in the table above				
	☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above				
B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Gopenings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection de in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the follows:					
	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.)				
	\square 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				

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

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).

 \square 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

 \square C.3 One or More Non-Glazed openings is classified as Level 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

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 sprotective coverings not meeting the requirements of A				
with no documentation of compliance (Level N in the ta			1.5	
N.1 All Non-Glazed openings classified as Level A, B, C, o				
 N.2 One or More Non-Glazed openings classified as Level table above 	D in the table	above, and no Non-Glaze	d openings classified as	Level X in the
N.3 One or More Non-Glazed openings is classified as Lev	el X in the tab	le above		
X. None or Some Glazed Openings One or more Glaz	ed openings	classified and Level X	in the table above.	
MITIGATION INSPECTIONS MUST I Section 627.711(2), Florida Statutes, prov				
Qualified Inspector Name: Steven Rosenbaum	License Type:	Engineering	Ligense or Certificate #:	49307
Insight Inspections		Phone:	(941) 224-903	0
Qualified Inspector - I hold an active license as a	: (check o	ne)		
Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board	and completion		ber of hours of hurricane	mitigation
Building code inspector certified under Section 468.607, Florida		. i de la companio		
 General, building or residential contractor licensed under Section Professional engineer licensed under Section 471.015, Florida Section 		rida Statutes.		
Professional architect licensed under Section 471.013, Florida Si		111		
Any other individual or entity recognized by the insurer as posses verification form pursuant to Section 627.711(2), Florida Statute		ssary qualifications to pro	perly complete a uniform	n mitigation
Individuals other than licensed contractors licensed under	Section 489.	111, Florida Statutes,	or professional engir	neer licensed
under Section 471.015, Florida Statues, must inspect the str				
Licensees under s.471.015 or s.489.111 may authorize a dir experience to conduct a mitigation verification inspection.	ect employed	who possesses the re	quisite skin, knowled	ige, and
I, Steven Rosenbaum am a qualified inspector a	and I person	ally performed the ins	pection or (licensed	
(print name)				
contractors and professional engineers only) I had my emple	oyee ((print name of inspe	rform the inspection ctor)	
and I agree to be responsible for his/her work.	1/1-			
Qualified Inspector Signature:	70-	_ Date:/	1/2020	
An individual or entity who knowingly or through gross ne	gligence pro	vides a false or fraudi	ulent mitigation verif	ication 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 misconduc				
performed the inspection.				
Homeowner to complete: I certify that the named Qualified	d Inspector of	his or her employee d	id perform an inspecti	on of the
residence identified on this form and that proof of identification			zed Representative.	
Signature:	Date:/	24/20		
9	/			-
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)				
of the first degree (Section 02/1/11(/), Florida Statutes)				
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	ly and canno	t be used to certify an	y product or constru	ction feature
Inspectors Initials Property Address 7133	3 W. Countr	ry Club Dr. N.		-
*This verification form is valid for up to five (5) years prov	ided no mat	erial changes have bee	en made to the struct	ure or
inaccuracies found on the form.			Daga A of A	
OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155			Page 4 of 4	
		1/11/1		
		1)		

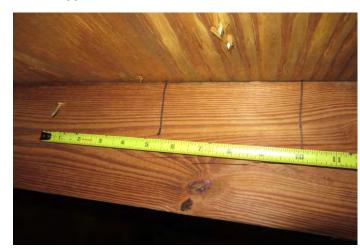




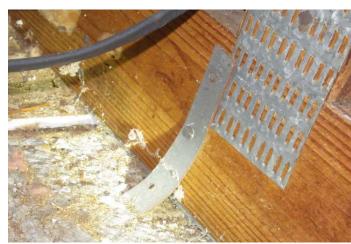
8d nails verified



Nail location verified



6" spacing in the field



Single strap with 2 nails into the truss

Owner Information	Inspection Date:	uns torm and any d	ocumentation provi	ided with the insurance	e poncy					
Owner Name: Contact Person:	•									
Address: Zip: Work Phone:				Contact Person:						
City: Zip: Work Phone: County: Coll Phone: Insurance Company: Policy #: Email: Morts: Morts:										
County: Cell Phone: Insurance Company: Policy #.		Zin·								
Insurance Company: Policy #: Policy #: Fimali: Email: Email: NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. 1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC-94)? A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 31/2002. Building Permit Application Date observery: For homes built in 2002/2003 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application date of Original Installation/Replacement OR indicate that no information was available to verify compliance for even roof covering Identified. 2.1 Roof Covering Type: Porma Application date that no information was available to verify compliance for even roof installation OR have a roofing permit application date on or after 31/102 OR the roof is original and built in 2004 or later. A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR for the HVHZ only) a roofing permit application		Zip.								
Year of Home:	•									
NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated relaturels your crifted on this form. 1. Building Code: Was the structure built in compliance with the FIGC value of the HVHZ. (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ. (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date consorry	2 0	# of Stories:		· ·						
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 371/202 OR the 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 371/202 OR the roof coverings have a Miami-Dade permit application date on or after 371/202 OR the roof coverings when the requirements of Answer "A" or "B" 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 of attending permit application and about time or or more roof coverings and before 371/202 OR the roof is original and built in 1997 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR for have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirement of Covering the place of the roof is appealed to the ro										
the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)? A. Built in compliance with the FBC: Year Built a date after 371/2002: Building Permit Application Date (MANDOYTYY)	accompany this form. At least one phot	ograph must accompa	ny this form to valida	ite each attribute marke	d in questions 3					
a date after 371/2002: Building Permit Application Date 00x0007777	the HVHZ (Miami-Dade or Broward c	ounties), South Florida	Building Code (SFBC-	-94)?						
C. Unknown or does not meet the requirements of Answer "A" or "B" 2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Permit Application Permit Application Product Approval Provided for Compliance Compliance Product Approval Product Prod	a date after 3/1/2002: Building Per	mit Application Date (M	IM/DD/YYYY)//							
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OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Date Product Approval # Vear of Original Installation or Provided for Compliance Froducts Approval # Product Product Approval # Product Produc	\Box C. Unknown or does not meet the	requirements of Answer	r "A" or "B"							
2.1 Roof Covering Type: Permit Application Dute Product Approval # Veur of Original Installation or Provided for Compiliance 1. Asphalic Fiberplass Shingle	OR Year of Original Installation/Repla				nce for each roof					
□ 2. Concrete/Clay Tile □ 3. Metal □ □ □ 4. Built Up □ □ □ 5. Membrane □ □ 6. Other. □ □ □ 0. Other. □ □ 0. Other. □ □ □ 0. Other. □ □ 0. Other. □ □ 0. Other. □ □ 0. Other. □ 0. Other. □					Provided for					
2. ConcreteClay Tile	1. Asphalt/Fiberglass Shingle	//								
3. Menul										
□ S. Membrane □ G. Onber □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □										
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Inspectors Initials _ 1 Property Address	24"inches o.c.) by 8d common nai decking with a minimum of 2 nail Any system of screws, nails, adhe	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-								
	Inspectors Initials _M_ Property Addr	ess								

		or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.
		D. Reinforced Concrete Roof Deck.
		E. Other:
		F. Unknown or unidentified.
		G. No attic access.
4.		to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within teet of the inside or outside corner of the roof in determination of WEAKEST type)
	Ш	A. Toe Nails
		☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
		☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Miı	nimal conditions to qualify for categories B, C, or D. All visible metal connectors are:
		☐ Secured to truss/rafter with a minimum of three (3) nails, 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 nai position requirements of C or D, but is secured with a minimum of 3 nails.
		C. Single Wraps Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a 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, 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 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 of 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	 A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss. B. No SWR. C. Unknown or undetermined.
In	spec	ctors Initials Property Address
	-	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.

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						

A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at
a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval
system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure
and Large Missile Impact" (Level A in the table above).

- Miami-Dade County PA 201, 202, and 203
- Florida Building Code Testing Application Standard (TAS) 201, 202, and 203

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

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

	X in the table above				
	☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above				
B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Gopenings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection de in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the follows:					
	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.)				
	\square 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				

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

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).

 \square 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

 \square C.3 One or More Non-Glazed openings is classified as Level 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

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 sprotective coverings not meeting the requirements of Al	nswer "A", "			
with no documentation of compliance (Level N in the ta		N CI		
 N.1 All Non-Glazed openings classified as Level A, B, C, one N.2 One or More Non-Glazed openings classified as Level 		The state of the s		Larval V in the
table above	D in the table	100ve, and no Non-Graz	ed openings classified as	Level A in the
N.3 One or More Non-Glazed openings is classified as Leve	el X in the tabl	e above		
X. None or Some Glazed Openings One or more Glaze	ed openings o	elassified and Level X	in the table above.	
MITIGATION INSPECTIONS MUST E Section 627.711(2), Florida Statutes, provi				
Qualified Inspector Name: Steven Rosenbaum	License Type:	Engineering	License or Certificate #:	49307
Insight Inspections		Phone:	(941) 224-903	30
Qualified Inspector - I hold an active license as a				
Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board Building code inspector certified under Section 468.607, Florida General, building or residential contractor licensed under Section Professional engineer licensed under Section 471.015, Florida Statute Professional architect licensed under Section 481.213, Florida Statute Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute Individuals other than licensed contractors licensed under	and completion Statutes. In 489.111, Flor statutes. Statutes. Statutes.	n of a proficiency exam. rida Statutes. ssary qualifications to pr	operly complete a unifor	m mitigation
under Section 471.015, Florida Statues, must inspect the str Licensees under s.471.015 or s.489.111 may authorize a dire experience to conduct a mitigation verification inspection. I, Steven Rosenbaum am a qualified inspector a	gligence proe Fraud and ection 627.71	who possesses the really performed the in perfo	spection or (licensed erform the inspection ector) Lo Zo ulent mitigation verification by	fication form is y the
performed the inspection.				
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification Signature:	n was provide	ed to me or my Author		on of the
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to wl of the first degree. (Section 627.711(7), Florida Statutes)	false or frau	dulent mitigation ve vidual or entity is no	rification form with t t entitled commits a r	he intent to misdemeanor
The definitions on this form are for inspection purposes only as offering protection from hurricanes. Inspectors Initials Property Address 7153			ny product or constru	action feature
*This verification form is valid for up to five (5) years provi	ided no mate	rial changes have be	en made to the struct	ture or
inaccuracies found on the form.	no matt	The same of the same of		
OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155			Page 4 of 4	(





8d nails verified



Nail location verified



6" spacing in the field



Single strap with 2 nails into the truss



Owner Information	Inspection Date:	uns torm and any d	ocumentation provi	ided with the insurance	e poncy			
Owner Name: Contact Person:	•							
Address: Zip: Work Phone:				Contact Person:				
City: Zip: Work Phone: County: Coll Phone: Insurance Company: Policy #: Email: Morts: Morts:								
County: Cell Phone: Insurance Company: Policy #.		Zin·						
Insurance Company: Policy #: Policy #: Fimali: Email: Email: NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. 1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC-94)? A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 31/2002. Building Permit Application Date observery: For homes built in 2002/2003 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application date of Original Installation/Replacement OR indicate that no information was available to verify compliance for even roof covering Identified. 2.1 Roof Covering Type: Porma Application date that no information was available to verify compliance for even roof installation OR have a roofing permit application date on or after 31/102 OR the roof is original and built in 2004 or later. A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR for the HVHZ only) a roofing permit application		Zip.						
Year of Home:	•							
NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated relaturels your crifted on this form. 1. Building Code: Was the structure built in compliance with the FIGC value of the HVHZ. (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ. (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date consorry	2 0	# of Stories:		· ·				
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 371/202 OR the 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 371/202 OR the roof coverings have a Miami-Dade permit application date on or after 371/202 OR the roof coverings when the requirements of Answer "A" or "B" 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 of attending permit application and about time or or more roof coverings and before 371/202 OR the roof is original and built in 1997 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR for have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirement of Covering the place of the roof is appealed to the ro								
the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)? A. Built in compliance with the FBC: Year Built a date after 371/2002: Building Permit Application Date (MANDOYTYY)	accompany this form. At least one phot	ograph must accompa	ny this form to valida	ite each attribute marke	d in questions 3			
a date after 371/2002: Building Permit Application Date 00x0007777	the HVHZ (Miami-Dade or Broward c	ounties), South Florida	Building Code (SFBC-	-94)?				
C. Unknown or does not meet the requirements of Answer "A" or "B" 2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Permit Application Permit Application Product Approval Provided for Compliance Compliance Product Approval Product Prod	a date after 3/1/2002: Building Per	mit Application Date (M	IM/DD/YYYY)//					
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OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Date Product Approval # Vear of Original Installation or Provided for Compliance Froducts Approval # Product Product Approval # Product Produc	\Box C. Unknown or does not meet the	requirements of Answer	r "A" or "B"					
2.1 Roof Covering Type: Permit Application Dute Product Approval # Veur of Original Installation or Provided for Compiliance 1. Asphalic Fiberplass Shingle	OR Year of Original Installation/Repla				nce for each roof			
□ 2. Concrete/Clay Tile □ 3. Metal □ □ □ 4. Built Up □ □ □ 5. Membrane □ □ 6. Other. □ □ □ 0. Other. □ □ 0. Other. □ □ □ 0. Other. □ □ 0. Other. □ □ 0. Other. □ □ 0. Other. □ 0. Other. □					Provided for			
2. ConcreteClay Tile	1. Asphalt/Fiberglass Shingle	//						
3. Menul								
□ S. Membrane □ G. Onber □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □								
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 □ A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later. □ B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later. □ C. One or more roof coverings do not meet the requirements of Answer "A" or "B". □ D. No roof coverings meet the requirements of Answer "A" or "B". 3. Roof Deck Attachment: What is the weakest form of roof deck attachment? □ 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 (spaced a maximum of 24"inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf. □ C. Plywood/OSB roof 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 	5. Membrane	//						
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Inspectors Initials _ 1 Property Address	24"inches o.c.) by 8d common nai decking with a minimum of 2 nail Any system of screws, nails, adhe	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-						
	Inspectors Initials _M_ Property Addr	ess						

		or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.
		D. Reinforced Concrete Roof Deck.
		E. Other:
		F. Unknown or unidentified.
		G. No attic access.
4.		to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within teet of the inside or outside corner of the roof in determination of WEAKEST type)
	Ш	A. Toe Nails
		☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
		☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Miı	nimal conditions to qualify for categories B, C, or D. All visible metal connectors are:
		☐ Secured to truss/rafter with a minimum of three (3) nails, 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 nai position requirements of C or D, but is secured with a minimum of 3 nails.
		C. Single Wraps Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a 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, 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 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 of 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	 A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss. B. No SWR. C. Unknown or undetermined.
In	spec	ctors Initials Property Address
	-	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.

•	ening 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						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection						

A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at
a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval
system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure
and Large Missile Impact" (Level A in the table above).
The Control of the Co

- Miami-Dade County PA 201, 202, and 203
- Florida Building Code Testing Application Standard (TAS) 201, 202, and 203

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

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

	X in the table above	
	☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above	
B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of or "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.)	
	\square 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	

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

☐ 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

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

nspectors initials	ITOPCITY AC	iui coo	 	
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^{*}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 sprotective coverings not meeting the requirements of A				
with no documentation of compliance (Level N in the ta		,	14.6	
N.1 All Non-Glazed openings classified as Level A, B, C, o		and the second s		
 N.2 One or More Non-Glazed openings classified as Level table above 	D in the table	above, and no Non-Glaze	d openings classified as	Level X in the
N.3 One or More Non-Glazed openings is classified as Lev	el X in the tab	e above		
X. None or Some Glazed Openings One or more Glaz	ed openings	classified and Level X	in the table above.	
MITIGATION INSPECTIONS MUST I Section 627.711(2), Florida Statutes, prov				
Qualified Inspector Name: Steven Rosenbaum	License Type:	Engineering	License or Certificate #:	49307
Insight Inspections		Phone:	(941) 224-903	0
Qualified Inspector - I hold an active license as a	: (check o	ne)		
Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board	and completion		ber of hours of hurricane	: mitigation
Building code inspector certified under Section 468.607, Florida		11.0		
 General, building or residential contractor licensed under Section Professional engineer licensed under Section 471.015, Florida Section 		nda Statutes.		
Professional architect licensed under Section 481.213, Florida Se				
Any other individual or entity recognized by the insurer as posses verification form pursuant to Section 627.711(2), Florida Statute		ssary qualifications to pro	perly complete a uniform	n mitigation
Individuals other than licensed contractors licensed under	Section 489.	111, Florida Statutes,	or professional engi	neer licensed
under Section 471.015, Florida Statues, must inspect the str Licensees under s.471.015 or s.489.111 may authorize a dir				
experience to conduct a mitigation verification inspection.	ect employed	who possesses the re	quisite skin, knowled	ige, and
I, Steven Rosenbaum am a qualified inspector a	and I person	ally performed the ins	pection or (licensed	
(print name)				
contractors and professional engineers only) I had my emple	Jyee ((print name of inspe	rform the inspection ctor)	
and I agree to be responsible for his/her work.	1/1-	/2	11	
Qualified Inspector Signature:	7	Date:	1/2020	
An individual or entity who knowingly or through gross ne	gligence pro	vides a false or fraudi	ilent mitigation verif	fication 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 misconduc				
performed the inspection.				
Homeowner to complete: I certify that the named Qualified	d Inspector of	his or her employee di	d perform an inspecti	on of the
residence identified on this form and that proof of identification			zed Representative.	
Signature:	Date:/	24/20		
9	/			
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)				
				1
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	ly and canno	t be used to certify an	y product or constru	iction feature
Inspectors Initials Property Address 7173	3 W. Countr	ry Club Dr. N.		+
*This verification form is valid for up to five (5) years prov	ided no mat	erial changes have bee	n made to the struct	ure or
inaccuracies found on the form.			Daga A of A	
OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155			Page 4 of 4	
		()).)		





8d nails verified



Nail location verified



6" spacing in the field



Single strap with 1 nail into the truss

Owner Information	Inspection Date:	uns torm and any d	ocumentation provi	ided with the insurance	e poncy			
Owner Name: Contact Person:	•							
Address: Zip: Work Phone:				Contact Person:				
City: Zip: Work Phone: County: Coll Phone: Insurance Company: Policy #: Email: Morts: Morts:								
County: Cell Phone: Insurance Company: Policy #.		Zin·						
Insurance Company: Policy #: Policy #: Fimali: Email: Email: NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. 1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC-94)? A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 31/2002. Building Permit Application Date observery: For homes built in 2002/2003 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application date of Original Installation/Replacement OR indicate that no information was available to verify compliance for even roof covering Identified. 2.1 Roof Covering Type: Porma Application date that no information was available to verify compliance for even roof installation OR have a roofing permit application date on or after 31/102 OR the roof is original and built in 2004 or later. A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR for the HVHZ only) a roofing permit application		Zip.						
Year of Home:	•							
NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated relaturels your crifted on this form. 1. Building Code: Was the structure built in compliance with the FIGC value of the HVHZ. (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ. (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date consorry	2 0	# of Stories:		· ·				
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 371/202 OR the 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 371/202 OR the roof coverings have a Miami-Dade permit application date on or after 371/202 OR the roof coverings when the requirements of Answer "A" or "B" 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 of attending permit application and about time or or more roof coverings and before 371/202 OR the roof is original and built in 1997 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR for have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirement of Covering the place of the roof is appealed to the ro								
the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)? A. Built in compliance with the FBC: Year Built a date after 371/2002: Building Permit Application Date (MANDOYTYY)	accompany this form. At least one phot	ograph must accompa	ny this form to valida	ite each attribute marke	d in questions 3			
a date after 371/2002: Building Permit Application Date 00x0007777	the HVHZ (Miami-Dade or Broward c	ounties), South Florida	Building Code (SFBC-	-94)?				
C. Unknown or does not meet the requirements of Answer "A" or "B" 2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Permit Application Permit Application Product Approval Provided for Compliance Compliance Product Approval Product Prod	a date after 3/1/2002: Building Per	mit Application Date (M	IM/DD/YYYY)//					
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OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Date Product Approval # Vear of Original Installation or Provided for Compliance Froducts Approval # Product Product Approval # Product Produc	\Box C. Unknown or does not meet the	requirements of Answer	r "A" or "B"					
2.1 Roof Covering Type: Permit Application Dute Product Approval # Veur of Original Installation or Provided for Compiliance 1. Asphalic Fiberplass Shingle	OR Year of Original Installation/Repla				nce for each roof			
□ 2. Concrete/Clay Tile □ 3. Metal □ □ □ 4. Built Up □ □ □ 5. Membrane □ □ 6. Other. □ □ □ 0. Other. □ □ 0. Other. □ □ □ 0. Other. □ □ 0. Other. □ □ 0. Other. □ □ 0. Other. □ 0. Other. □					Provided for			
2. ConcreteClay Tile	1. Asphalt/Fiberglass Shingle	//						
3. Menul								
□ S. Membrane □ G. Onber □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □								
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Inspectors Initials _ 1 Property Address	24"inches o.c.) by 8d common nai decking with a minimum of 2 nail Any system of screws, nails, adhe	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-						
	Inspectors Initials _M_ Property Addr	ess						

		or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.
		D. Reinforced Concrete Roof Deck.
		E. Other:
		F. Unknown or unidentified.
		G. No attic access.
4.		to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within teet of the inside or outside corner of the roof in determination of WEAKEST type)
	Ш	A. Toe Nails
		☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
		☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Miı	nimal conditions to qualify for categories B, C, or D. All visible metal connectors are:
		☐ Secured to truss/rafter with a minimum of three (3) nails, 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 nai position requirements of C or D, but is secured with a minimum of 3 nails.
		C. Single Wraps Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a 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, 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 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 of 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	 A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss. B. No SWR. C. Unknown or undetermined.
In	spec	ctors Initials Property Address
	-	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.

•	ening 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						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection						

A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at
a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval
system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure
and Large Missile Impact" (Level A in the table above).
The Control of the Co

- Miami-Dade County PA 201, 202, and 203
- Florida Building Code Testing Application Standard (TAS) 201, 202, and 203

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

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

X in the table above
☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above
B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):
• ASTM E 1886 <u>and</u> ASTM E 1996 (Large Missile – 4.5 lb.)
• SSTD 12 (Large Missile – 4 lb. to 8 lb.)
• For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large Missile - 2 to 4.5 lb.)
\square 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

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

☐ 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

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

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^{*}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 sprotective coverings not meeting the requirements of A				
with no documentation of compliance (Level N in the ta			# # T	
N.1 All Non-Glazed openings classified as Level A, B, C, o				
 N.2 One or More Non-Glazed openings classified as Level table above 	D in the table	above, and no Non-Glaze	d openings classified as	Level X in the
N.3 One or More Non-Glazed openings is classified as Lev	el X in the tab	le above		
X. None or Some Glazed Openings One or more Glaz	ed openings	classified and Level X	in the table above.	
MITIGATION INSPECTIONS MUST I Section 627.711(2), Florida Statutes, prov				
Qualified Inspector Name: Steven Rosenbaum	License Type:	Engineering	License or Certificate #:	49307
Insight Inspections		Phone:	(941) 224-903	60
Qualified Inspector - I hold an active license as a	: (check o	ne)		
Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board	and completion		ber of hours of hurricane	e mitigation
Building code inspector certified under Section 468.607, Florida				
 General, building or residential contractor licensed under Section Professional engineer licensed under Section 471.015, Florida Section 		rida Statutes.		
Professional architect licensed under Section 471.013, Florida Si				
Any other individual or entity recognized by the insurer as posses verification form pursuant to Section 627.711(2), Florida Statute		ssary qualifications to pro	perly complete a uniform	m mitigation
Individuals other than licensed contractors licensed under	Section 489.	111, Florida Statutes,	or professional engir	neer licensed
under Section 471.015, Florida Statues, must inspect the str				
Licensees under s.471.015 or s.489.111 may authorize a dir experience to conduct a mitigation verification inspection.	ect employed	e wno possesses the re	quisite skin, knowled	ige, and
I, Steven Rosenbaum am a qualified inspector a	nd I person	ally performed the ins	pection or (licensed	
(print name)				
contractors and professional engineers only) I had my emple	oyee ((print name of inspe	rform the inspection ctor)	
and I agree to be responsible for his/her work.	1-			
Qualified Inspector Signature:	N C	_ Date:	1/2020	
An individual or entity who knowingly or through gross ne	gligence pro	vides a false or fraudi	lent mitigation verif	fication form is
subject to investigation by the Florida Division of Insurance	e Fraud and	may be subject to adi	ministrative action b	y the
appropriate licensing agency or to criminal prosecution. (S certifies this form shall be directly liable for the misconduc				
performed the inspection.	r or employe	es as il the authorized	magacion mapecetor	personany
Homeowner to complete: I certify that the named Qualified	d Inspector of	his or her employee di	id perform an inspecti	on of the
residence identified on this form and that proof of identification	n was provide	ed to me or my Authori	zed Representative.	
Signature:	Date: /	24/20		
O	/			
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)				
of the first degree. (Section 027.711(7), Fiorida Statutes)				
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	y and canno	t be used to certify an	y product or constru	iction feature
Inspectors Initials Property Address 7193	3 W. Countr	ry Club Dr. N.		_
*This verification form is valid for up to five (5) years prov	ided no mat	erial changes have bee	en made to the struct	ure or
inaccuracies found on the form.			Day 1 C 1	
OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155			Page 4 of 4	
		()).)		





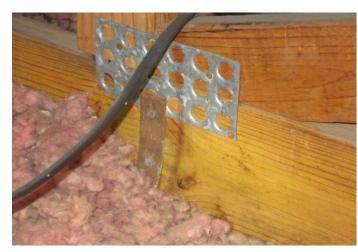
8d nails verified



Nail location verified



6" spacing in the field



Single strap with 2 nails into the truss

Owner Information	Inspection Date:							
Owner Name: Contact Person:								
Address: Zip: Work Phone:				Contact Person:				
City: Zip: Work Phone: County: Coll Phone: Insurance Company: Policy #: Email: Morts: Morts:								
County: Cell Phone: Insurance Company: Policy #.		Zin·						
Insurance Company: Policy #: Policy #: Fimali: Email: Email: NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. 1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC-94)? A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 31/2002. Building Permit Application Date observery: For homes built in 2002/2003 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application date of Original Installation/Replacement OR indicate that no information was available to verify compliance for even roof covering Identified. 2.1 Roof Covering Type: Porma Application date that no information was available to verify compliance for even roof installation OR have a roofing permit application date on or after 31/102 OR the roof is original and built in 2004 or later. A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR for the HVHZ only) a roofing permit application		Zip.						
Year of Home:	•							
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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 371/202 OR the 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 371/202 OR the roof coverings have a Miami-Dade permit application date on or after 371/202 OR the roof coverings when the requirements of Answer "A" or "B" 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 of attending permit application and about time or or more roof coverings and before 371/202 OR the roof is original and built in 1997 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR for have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirement of Covering the place of the roof is appealed to the ro								
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a date after 371/2002: Building Permit Application Date 00x0007777	the HVHZ (Miami-Dade or Broward c	ounties), South Florida	Building Code (SFBC-	-94)?				
C. Unknown or does not meet the requirements of Answer "A" or "B" 2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Permit Application Permit Application Product Approval Provided for Compliance Compliance Product Approval Product Prod	a date after 3/1/2002: Building Per	mit Application Date (M	IM/DD/YYYY)//					
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OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Date Product Approval # Vear of Original Installation or Provided for Compliance Froducts Approval # Product Product Approval # Product Produc	\Box C. Unknown or does not meet the	requirements of Answer	r "A" or "B"					
2.1 Roof Covering Type: Permit Application Dute Product Approval # Veur of Original Installation or Provided for Compiliance 1. Asphalic Fiberplass Shingle	OR Year of Original Installation/Repla				nce for each roof			
□ 2. Concrete/Clay Tile □ 3. Metal □ □ □ 4. Built Up □ □ □ 5. Membrane □ □ 6. Other. □ □ □ 0. Other. □ □ 0. Other. □ □ □ 0. Other. □ □ 0. Other. □ □ 0. Other. □ □ 0. Other. □ 0. Other. □					Provided for			
2. ConcreteClay Tile	1. Asphalt/Fiberglass Shingle	//						
3. Menul								
□ S. Membrane □ G. Onber □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □								
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Inspectors Initials _ 1 Property Address	24"inches o.c.) by 8d common nai decking with a minimum of 2 nail Any system of screws, nails, adhe	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-						
	Inspectors Initials _M_ Property Addr	ess						

		or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.
		D. Reinforced Concrete Roof Deck.
		E. Other:
		F. Unknown or unidentified.
		G. No attic access.
4.		to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within teet of the inside or outside corner of the roof in determination of WEAKEST type)
	Ш	A. Toe Nails
		☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
		☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Miı	nimal conditions to qualify for categories B, C, or D. All visible metal connectors are:
		☐ Secured to truss/rafter with a minimum of three (3) nails, 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 nai position requirements of C or D, but is secured with a minimum of 3 nails.
		C. Single Wraps Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a 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, 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 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 of 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	 A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss. B. No SWR. C. Unknown or undetermined.
In	spec	ctors Initials Property Address
	-	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.

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	
			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							
N	Other protective coverings that cannot be identified as A, B, or C							
Х	No Windborne Debris Protection							

A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at
a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval
system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure
and Large Missile Impact" (Level A in the table above).
The Control of the Co

- Miami-Dade County PA 201, 202, and 203
- Florida Building Code Testing Application Standard (TAS) 201, 202, and 203

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

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

X in the table above
☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above
B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):
• ASTM E 1886 <u>and</u> ASTM E 1996 (Large Missile – 4.5 lb.)
• SSTD 12 (Large Missile – 4 lb. to 8 lb.)
• For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large Missile - 2 to 4.5 lb.)
\square 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

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

☐ 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

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

nspectors initials	ITOPCITY AC	iui coo	 	
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^{*}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 s protective coverings not meeting the requirements of Ar with no documentation of compliance (Level N in the ta	nswer "A", "B", or C			
☐ N.1 All Non-Glazed openings classified as Level A, B, C, o	The state of the s	or no Non-Glaze	d ananings aviet	
N.2 One or More Non-Glazed openings classified as Level I table above N.5 one or More Non-Glazed openings classified as Level I table above				Level X in the
N.3 One or More Non-Glazed openings is classified as Leve	el X in the table above			
		1 17 1 W		
X. None or Some Glazed Openings One or more Glaze				
MITIGATION INSPECTIONS MUST B Section 627.711(2), Florida Statutes, provi	des a listing of indiv	viduals who ma		
Steven Rosenbaum	Engi	ineering	License of Certificate #:	49307
Insight Inspections		Phone:	(941) 224-903	30
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 ☐ Building code inspector certified under Section 468.607, Florida 	and completion of a pro		ber of hours of hurrican	e mitigation
General, building or residential contractor licensed under Section		stee		
Professional engineer licensed under Section 471.015, Florida St.		ites.		
Professional architect licensed under Section 471.013, Florida St.		- 1111		
Any other individual or entity recognized by the insurer as posses		lifications to pro	nerly complete a unifor	m mitigation
verification form pursuant to Section 627.711(2), Florida Statutes	S.			
Individuals other than licensed contractors licensed under				
under Section 471.015, Florida Statues, must inspect the str				
Licensees under s.471.015 or s.489.111 may authorize a direction experience to conduct a mitigation verification inspection.	et employee who pe	ossesses the re-	quisite skin, knowle	age, and
	A T			
I, Steven Rosenbaum am a qualified inspector a	nd I personally peri	formed the ins	pection or (ticensed	
contractors and professional engineers only) I had my emplo	yee () pe	rform the inspection	1
		name of inspe		
and I agree to be responsible for his/her work.	//-	1-1	./	
Qualified Inspector Signature:	Date:	1/29	1/2020	
An individual or entity who knowingly or through gross neg				
subject to investigation by the Florida Division of Insurance				
appropriate licensing agency or to criminal prosecution. (Se certifies this form shall be directly liable for the misconduct				
performed the inspection.	or employees as it	ine authorized	The state of the s	personany
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification	was provided to me	or my Authori	d perform an inspect zed Representative.	ion of the
Signature: D	Pate: 1/24/	20		
0	/			
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to who f the first degree. (Section 627.711(7), Florida Statutes)				
The definitions on this form are for inspection purposes only as offering protection from hurricanes.	y and cannot be use	ed to certify an	y product or constr	uction feature
Inspectors Initials Property Address 7211	W. Country Club	Dr. N.		
*This verification form is valid for up to five (5) years provi	ded no material cha	anges have bee	n made to the struc	ture or
inaccuracies found on the form.				
OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155			Page 4 of 4	1
			Page 4 of 4	
		013	DESIGNATION OF THE PERSON OF T	





8d nails verified



Nail location verified



6" spacing in the field



Single strap with 2 nails into the truss

Owner Information Owner Name: Contact Person:	Maintain a copy of this form and any documentation provided with the insurance policy							
Owner Name: Address: Home Phone: City: Zip: Work Phone: County: Cell Phone:	Inspection Date: Owner Information							
Address: Jap: Work Phone:				Contact Person:				
City: Zip: Work Phone: County: Coll Phone:								
Insurance Company:		Zin:						
Insurance Company: Policy 4: Email: Policy 4: Email: Email: NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. 1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC-244)? A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 31/2002. Building Permit Application Date emanonymy For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date emanonymy C. Unknown or does not meet the requirements of Answer "A" or "B" 2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering: Select all roof covering types in use. Provide the permit application was available to verify compliance for each roof installation OR have a roofing permit application date on or after 31/102 OR the roof is original and built in 2004 or later. 3. 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 31/102 OR the roof is original and built in 2004 or later. 4. B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation of the permit application after 91/194 and before 31/102 OR the roof is original and built in 2004 or later. 5. C. One or more roof coverings do not meet the requirements of Answer "A" or "B". 5. Roof Deck Attachment: What is the		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. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. 1. Building Code: Was the structure built in compliance with the Florida Building Code (FRC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)? A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 31/12002: Building Permit Application Date one open provide a permit application with a date after 91/1904; Building Permit Application Date one provide a permit application with a date after 91/1904; Building Permit Application Date one open provide a permit application with a date after 91/1904; Building Permit Application Date one open provide a permit application with a date after 91/1904; Building Permit Application Date one open provide a permit application with a date after 91/1904; Building Permit Application Date one open provide a permit application of the Permit Application of Permit Application Date one open provide a permit application of the permit application date of Permit Application date of Permit Application and Permit Application of Permit	•							
NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. 1. Building Code: Was the structure built in compliance with the FBC vode (SFBC-94)? A. Built in compliance with the FBC Vear Built	1 0	# of Stories:		•				
accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. 1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)? A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date association and the provide a permit application with a date after 9/1/1994; Building Permit Application Date association and the provide a permit application with a date after 9/1/1994; Building Permit Application Date association and the provide a permit application and the after graph of the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type:								
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 @MODENTYYY	accompany this form. At least one photo	ograph must accompa	ny this form to valida	ate each attribute marke	d in questions 3			
B. For the HVHZ Only: Building Permit Application Date omsDDYYYY	the HVHZ (Miami-Dade or Broward co	ounties), South Florida	Building Code (SFBC	-94)?				
C. Unknown or does not meet the requirements of Answer "A" or "B" 2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application FBC or MDC Product Approval Year of Original Installation or Provided for Compliance Product Approval Product Approval Product Approval Product Approval Provided for Compliance Product Approval Product Product	a date after 3/1/2002: Building Per	mit Application Date (M	IM/DD/YYYY)//					
2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. Permit Application FBC or MDC Year of Original Installation or Replacement Provided for Date Product Approval # Year of Original Installation or Replacement Provided for Date Product Approval # Year of Original Installation or Replacement Provided for Compliance	provide a permit application with a	date after 9/1/1994: Bu	uilding Permit Applica					
OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 1.	\Box C. Unknown or does not meet the r	equirements of Answer	r "A" or "B"					
2.1 Roof Covering Type: Permit Application Date Product Approval # Vear of Original Installation or Provided for Compiliance 1. Asphalt-Fiberglass Shingle	OR Year of Original Installation/Replace				ance for each roof			
2. Concrete/Clay Tile					Provided for			
2. Concrete Clay Tile	1. Asphalt/Fiberglass Shingle	'/_						
3. Metal								
□ s. Membrane □ d. Outber □ C. Outber □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	_							
 □ A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later. □ B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later. □ C. One or more roof coverings do not meet the requirements of Answer "A" or "B". □ D. No roof coverings meet the requirements of Answer "A" or "B". 3. Roof Deck Attachment: What is the weakest form of roof deck attachment? □ 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. □ 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 (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 	4. Built Up							
 □ 6. Other	☐ 5. Membrane							
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Inspectors Initials Property Address	24"inches o.c.) by 8d common naidecking with a minimum of 2 nails. Any system of screws, nails, adhes	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-						
	Inspectors Initials Property Address	ess						

		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.		to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within teet of the inside or outside corner of the roof in determination of WEAKEST type)					
	Ш	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	nimal conditions to qualify for categories B, C, or D. All visible metal connectors are:					
		☐ Secured to truss/rafter with a minimum of three (3) nails, 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 nai position requirements of C or D, but is secured with a minimum of 3 nails.					
		C. Single Wraps Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a 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, 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 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 of 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	 A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss. B. No SWR. C. Unknown or undetermined. 					
In	spec	ctors Initials Property Address					
*T	his '	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.

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						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection						

A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at
a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval
system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure
and Large Missile Impact" (Level A in the table above).

- Miami-Dade County PA 201, 202, and 203
- Florida Building Code Testing Application Standard (TAS) 201, 202, and 203

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

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

X in the table above
☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above
B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):
• ASTM E 1886 <u>and</u> ASTM E 1996 (Large Missile – 4.5 lb.)
• SSTD 12 (Large Missile – 4 lb. to 8 lb.)
• For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large Missile - 2 to 4.5 lb.)
\square 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

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

☐ 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

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

nspectors initials	ITOPCITY A	uui css	 	
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^{*}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 s protective coverings not meeting the requirements of Ar				
with no documentation of compliance (Level N in the ta		-,		
N.1 All Non-Glazed openings classified as Level A, B, C, o		The state of the s		
 N.2 One or More Non-Glazed openings classified as Level table above 	D in the table	above, and no Non-Glaze	ed openings classified as	Level X in the
N.3 One or More Non-Glazed openings is classified as Leve	el X in the tab	e above		
X. None or Some Glazed Openings One or more Glazed	ed openings	classified and Level X	in the table above.	
MITIGATION INSPECTIONS MUST B Section 627.711(2), Florida Statutes, provi				
Qualified Inspector Name: Steven Rosenbaum	License Type:	Engineering	License or Certificate #:	49307
Insight Inspections		Phone:	(941) 224-903	0
Qualified Inspector - I hold an active license as a	: (check o	ne)		
 ☐ Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board ☐ Building code inspector certified under Section 468.607, Florida 	and completio		ber of hours of hurricand	e mitigation
General, building or residential contractor licensed under Section	489.111, Flo	rida Statutes.		
X 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		ssary qualifications to pro	pperly complete a uniform	n mitigation
Individuals other than licensed contractors licensed under	Section 489.	111, Florida Statutes,	or professional engin	neer licensed
under Section 471.015, Florida Statues, must inspect the str	ructures per	sonally and not throu	gh employees or othe	er persons.
Licensees under s.471.015 or s.489.111 may authorize a direction experience to conduct a mitigation verification inspection.	ect employee	who possesses the re	quisite skill, knowled	ige, and
C			and the second	
I, Steven Rosenbaum am a qualified inspector a (print name)	na i persona	my performed the ins	spection or (ucensea	
contractors and professional engineers only) I had my emplo	yee (rform the inspection	
and I agree to be responsible for his/her work.	1	(print name of inspe	ector)	
	× h	1/20	1/2020	
Qualified Inspector Signature:	•	Date:	1 con	
An individual or entity who knowingly or through gross ne	gligence pro	vides a false or fraud	ulent mitigation verif	fication form is
subject to investigation by the Florida Division of Insurance				
appropriate licensing agency or to criminal prosecution. (Secretifies this form shall be directly liable for the misconduct				
performed the inspection.	or emproje	ob as a coo waterorabec	The state of the s	personany
Homeowner to complete: I certify that the named Qualified	Inspector of	his or her employee d	id perform an inspecti	on of the
residence identified on this form and that proof of identification	n was provide	ed to me or my Author	ized Representative.	on or the
Signature: MAN 7	Date: /	124/20		
	7			
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to wl of the first degree. (Section 627.711(7), Florida Statutes)				
of the first degree. (Section 027.711(7), Florida Statutes)				
The definitions on this form are for inspection purposes only as offering protection from hurricanes.			ny product or constru	iction feature
Inspectors Initials Property Address 7231	W. Countr	y Club Dr. N.		-
*This verification form is valid for up to five (5) years provi	ided no mate	erial changes have be	en made to the struct	ure 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 in the field



Single strap with 2 nails into the truss

Owner Information	Maintain a copy of this form and any documentation provided with the insurance policy Inspection Date:									
Owner Name: Contact Person:	Inspection Date:									
Address: Zip: Work Phone:				Contact Person:						
City: Zip: Work Phone: County: Coll Phone: Insurance Company: Policy #: Email: Morts: Morts:										
County: Cell Phone: Insurance Company: Policy #.		Zin·								
Insurance Company: Policy #: Policy #: Fimali: Email: Email: NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. 1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC-94)? A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 31/2002. Building Permit Application Date observery: For homes built in 2002/2003 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application date of Original Installation/Replacement OR indicate that no information was available to verify compliance for event roof covering identified. 2.1 Roof Covering Type: Porma Application date built provided by Permit Application was available to verify compliance for each roof covering identified. 2.2 Roof Covering Shave a Miami-Dade Product Approval listing current at time of installation OR for the HVHZ only) a roofing permit application after 91/1994 and before 31/2002 OR the roof is original and built in 2004 or later. 2. Roof Deck Attachment: What is the wea		Zip.								
Year of Home:	•									
NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated relaturely surfited on this form. 1. Building Code: Was the structure built in compliance with the FIG code (SFBC-94)? A Built in compliance with the FIG Year Built — For homes built in 2002/2003 provide a permit application with a date after 371/2002: Building Permit Application Date (SFBC-94)? Year Built — For homes built in 2002/2003 provide a permit application with a date after 371/2002: Building Permit Application Date (SFBC-94)? Year Built — For homes built in 1994, 1995, and 1996 provide a permit application with a date after 371/1994: Building Permit Application Date (SFBC-94)? On the International Permit Application of the Control of Permit Application of the Permit Application Date (SFBC-94)? On the International Permit Application of Date (SFBC-94)? On the International Permit Application of Permit Application of Permit Application and Permit Application and Permit Application of Permit Application and Permit Application Approval International Permit Application and Permit Application and Permit Application Approval International Permit Application and Permit Application	2 0	# of Stories:		· ·						
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the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)? A. Built in compliance with the FBC: Year Built a date after 371/2002: Building Permit Application Date (MANDOYTYY)	accompany this form. At least one phot	ograph must accompa	ny this form to valida	ite each attribute marke	d in questions 3					
a date after 371/2002: Building Permit Application Date 00x0007777	the HVHZ (Miami-Dade or Broward c	ounties), South Florida	Building Code (SFBC-	-94)?						
C. Unknown or does not meet the requirements of Answer "A" or "B" 2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Permit Application Permit Application Product Approval Provided for Compliance Compliance Product Approval Product Prod	a date after 3/1/2002: Building Per	mit Application Date (M	IM/DD/YYYY)//							
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OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Date Product Approval # Vear of Original Installation or Provided for Compliance Froducts Approval # Product Product Approval # Product Produc	\Box C. Unknown or does not meet the	requirements of Answer	r "A" or "B"							
2.1 Roof Covering Type: Permit Application Dute Product Approval # Veur of Original Installation or Provided for Compiliance 1. Asphalic Fiberplass Shingle	OR Year of Original Installation/Repla				nce for each roof					
□ 2. Concrete/Clay Tile □ 3. Metal □ □ □ 4. Built Up □ □ □ 5. Membrane □ □ 6. Other. □ □ □ 0. Other. □ 0. O					Provided for					
2. ConcreteClay Tile	1. Asphalt/Fiberglass Shingle	//								
3. Menul	П									
□ S. Membrane □ G. Onber □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □										
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Inspectors Initials _ 1 Property Address	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-									
	Inspectors Initials _M_ Property Addr	ess								

		or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.
		D. Reinforced Concrete Roof Deck.
		E. Other:
		F. Unknown or unidentified.
		G. No attic access.
4.		to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within teet of the inside or outside corner of the roof in determination of WEAKEST type)
	Ш	A. Toe Nails
		☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
		☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Miı	nimal conditions to qualify for categories B, C, or D. All visible metal connectors are:
		☐ Secured to truss/rafter with a minimum of three (3) nails, 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 nai position requirements of C or D, but is secured with a minimum of 3 nails.
		C. Single Wraps Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a 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, 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 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 of 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	 A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss. B. No SWR. C. Unknown or undetermined.
In	spec	ctors Initials Property Address
	-	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.

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						

A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at
a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval
system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure
and Large Missile Impact" (Level A in the table above).

- Miami-Dade County PA 201, 202, and 203
- Florida Building Code Testing Application Standard (TAS) 201, 202, and 203

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

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

	X in the table above				
	☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above				
B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Gla openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection dev in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the follow					
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.)				
	\square 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				

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

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).

 \square 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

 \square C.3 One or More Non-Glazed openings is classified as Level 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

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 protective coverings not meeting the requirements of A				
with no documentation of compliance (Level N in the t			,	
N.1 All Non-Glazed openings classified as Level A, B, C,		The second secon		
 N.2 One or More Non-Glazed openings classified as Level table above 	D in the table	above, and no Non-Glaze	ed openings classified as	Level X in the
N.3 One or More Non-Glazed openings is classified as Lev	el X in the tabl	e above		
X. None or Some Glazed Openings One or more Glaz	zed openings	elassified and Level X	in the table above.	
MITIGATION INSPECTIONS MUST I Section 627.711(2), Florida Statutes, prov			A CONTRACTOR OF THE PROPERTY O	
Qualified Inspector Name: Steven Rosenbaum	License Type:	Engineering	License or Certificate #:	49307
Inspection Company: Insight Inspections		Phone:	(941) 224-903	30
Qualified Inspector - I hold an active license as a	: (check or	ne)		
Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board	and completio		iber of hours of hurrican	e mitigation
Building code inspector certified under Section 468.607, Florida	a Statutes.			
General, building or residential contractor licensed under Section Professional engineer licensed under Section 471.015, Florida S		ida Statutes.		
Professional architect licensed under Section 481.213, Florida S				
Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute		ssary qualifications to pro	operly complete a unifor	m 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 dir				
experience to conduct a mitigation verification inspection.	ect employee	who possesses the re	equisite skin, knowled	ige, and
I, Steven Rosenbaum am a qualified inspector a	and I persons	illy performed the in	spection or (licensed	
(print name)				
contractors and professional engineers only) I had my emplo	oyee ((print name of inspe	erform the inspection	
and I agree to be responsible for his/her work.	1	(print name or map		
Qualified Inspector Signature:	2 cm	Date: 1/2	4/2020	
An individual or entity who knowingly or through gross ne	egligence pro	vides a false or fraud	ulent mitigation veri	fication 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 misconduc				
performed the inspection.			- will all pector	personary
Homeowner to complete: I certify that the named Qualifie	d Inspector or	his or her employee d	lid perform an inspecti	on of the
residence identified on this form and that proof of identificatio	n was provide	ed to me or my Author	ized Representative.	
Signature:	Date: /	124/20		
	/			
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 canno	t be used to certify a	ny product or constru	action feature
Inspectors Initials Property Address 725	1 W. Countr	y Club Dr. N.		_
*This verification form is valid for up to five (5) years prov	ided no mate	erial changes have be	en made to the struct	ture or
inaccuracies found on the form.			Page 4 of 4	,
OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155			Page 4 of 4	
		1)).		





8d nails verified



Nail location verified



6" spacing in the field



Single strap with 2 nails into the truss

Owner Information	Maintain a copy of this form and any documentation provided with the insurance policy Inspection Date:									
Owner Name: Contact Person:	Inspection Date:									
Address: Zip: Work Phone:				Contact Person:						
City: Zip: Work Phone: County: Coll Phone: Insurance Company: Policy #: Email: Morts: Morts:										
County: Cell Phone: Insurance Company: Policy #.		Zin·								
Insurance Company: Policy #: Policy #: Fimali: Email: Email: NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. 1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC-94)? A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 31/2002. Building Permit Application Date observery: For homes built in 2002/2003 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application date of Original Installation/Replacement OR indicate that no information was available to verify compliance for event roof covering identified. 2.1 Roof Covering Type: Porma Application date built provided by Permit Application was available to verify compliance for each roof covering identified. 2.2 Roof Covering Shave a Miami-Dade Product Approval listing current at time of installation OR for the HVHZ only) a roofing permit application after 91/1994 and before 31/2002 OR the roof is original and built in 2004 or later. 2. Roof Deck Attachment: What is the wea		Zip.								
Year of Home:	•									
NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated relaturely surfited on this form. 1. Building Code: Was the structure built in compliance with the FIG code (SFBC-94)? A Built in compliance with the FIG Year Built — For homes built in 2002/2003 provide a permit application with a date after 371/2002: Building Permit Application Date (SFBC-94)? Year Built — For homes built in 2002/2003 provide a permit application with a date after 371/2002: Building Permit Application Date (SFBC-94)? Year Built — For homes built in 1994, 1995, and 1996 provide a permit application with a date after 371/1994: Building Permit Application Date (SFBC-94)? On the International Permit Application of the Control of Permit Application of the Permit Application Date (SFBC-94)? On the International Permit Application of Date (SFBC-94)? On the International Permit Application of Permit Application of Permit Application and Permit Application and Permit Application of Permit Application and Permit Application Approval International Permit Application and Permit Application and Permit Application Approval International Permit Application and Permit Application	2 0	# of Stories:		· ·						
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 371/202 OR the 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 371/202 OR the roof coverings have a Miami-Dade permit application date on or after 371/202 OR the roof coverings when the requirements of Answer "A" or "B" 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 of attending permit application and about time or or more roof coverings and before 371/202 OR the roof is original and built in 1997 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR for have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirement of Covering the product of the roof truss/rafter (space	Teal of Home. # of Stories.									
the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)? A. Built in compliance with the FBC: Year Built a date after 371/2002: Building Permit Application Date (MANDOYTYY)	accompany this form. At least one phot	ograph must accompa	ny this form to valida	ite each attribute marke	d in questions 3					
a date after 371/2002: Builting Permit Application Date 00x0007777	the HVHZ (Miami-Dade or Broward c	ounties), South Florida	Building Code (SFBC-	-94)?						
C. Unknown or does not meet the requirements of Answer "A" or "B" 2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Permit Application Permit Application Product Approval Provided for Compliance Compliance Product Approval Product Prod	a date after 3/1/2002: Building Per	mit Application Date (M	IM/DD/YYYY)//							
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OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Date Product Approval # Vear of Original Installation or Provided for Compliance Froducts Approval # Product Product Approval # Product Produc	\Box C. Unknown or does not meet the	requirements of Answer	r "A" or "B"							
2.1 Roof Covering Type: Permit Application Dute Product Approval # Veur of Original Installation or Provided for Compiliance 1. Asphalic Fiberplass Shingle	OR Year of Original Installation/Repla				nce for each roof					
□ 2. Concrete/Clay Tile □ 3. Metal □ □ □ 4. Built Up □ □ □ 5. Membrane □ □ 6. Other. □ □ □ 0. Other. □ 0. O					Provided for					
2. ConcreteClay Tile	1. Asphalt/Fiberglass Shingle	//								
3. Menul	П									
□ S. Membrane □ G. Onber □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □										
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Inspectors Initials _ 1 Property Address	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-									
	Inspectors Initials _M_ Property Addr	ess								

		or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.
		D. Reinforced Concrete Roof Deck.
		E. Other:
		F. Unknown or unidentified.
		G. No attic access.
4.		to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within teet of the inside or outside corner of the roof in determination of WEAKEST type)
	Ш	A. Toe Nails
		☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
		☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Miı	nimal conditions to qualify for categories B, C, or D. All visible metal connectors are:
		☐ Secured to truss/rafter with a minimum of three (3) nails, 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 nai position requirements of C or D, but is secured with a minimum of 3 nails.
		C. Single Wraps Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a 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, 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 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 of 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	 A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss. B. No SWR. C. Unknown or undetermined.
In	spec	ctors Initials Property Address
	-	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.

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						

A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at
a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval
system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure
and Large Missile Impact" (Level A in the table above).

- Miami-Dade County PA 201, 202, and 203
- Florida Building Code Testing Application Standard (TAS) 201, 202, and 203

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

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

	X in the table above				
	☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above				
B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Gla openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection dev in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the follow					
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.)				
	\square 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				

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

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).

 \square 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

 \square C.3 One or More Non-Glazed openings is classified as Level 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

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 s	nswer "A", "I			
with no documentation of compliance (Level N in the ta N.1 All Non-Glazed openings classified as Level A, B, C, of		above or no Non-Glazz	ad openings exist	
N.2 One or More Non-Glazed openings classified as Level				Level X in the
table above N.3 One or More Non-Glazed openings is classified as Lev	al V in the tabl	a abova		
X. None or Some Glazed Openings One or more Glaze	ed openings c	lassified and Level X	in the table above.	
MITIGATION INSPECTIONS MUST E Section 627.711(2), Florida Statutes, prov.			N 11 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Qualified Inspector Name: Steven Rosenbaum	License Type:	Engineering	License or Certificate #:	49307
Insight Inspections		Phone:	(941) 224-903	80
Qualified Inspector - I hold an active license as a	: (check or	ie)		
Home inspector licensed under Section 468.8314, Florida Statuttraining approved by the Construction Industry Licensing Board Building code inspector certified under Section 468.607, Florida General, building or residential contractor licensed under Section Professional engineer licensed under Section 471.015, Florida Statute Professional architect licensed under Section 481.213, Florida Statute Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute Individuals other than licensed contractors licensed under under Section 471.015, Florida Statutes, must inspect the staticensees under s.471.015 or s.489.111 may authorize a direxperience to conduct a mitigation verification inspection. I, Steven Rosenbaum am a qualified inspector a (print name) contractors and professional engineers only) I had my employed and I agree to be responsible for his/her work. Qualified Inspector Signature:	and completion Statutes. In 489.111, Flor statutes. Itatutes. Itat	ida Statutes. isary qualifications to proceed the incomplete the	operly complete a uniform or professional enging the employees or other equisite skill, knowled spection or (licensed	m mitigation neer licensed er persons. lige, and
An individual or entity who knowingly or through gross ne subject to investigation by the Florida Division of Insurance appropriate licensing agency or to criminal prosecution. (Secretifies this form shall be directly liable for the misconduction of the inspection.	e Fraud and ection 627.71	vides a false or fraud may be subject to ad 1(4)-(7), Florida Stat	ministrative action b tutes) The Qualified I	y the Inspector who
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification Signature:	n was provide	d to me or my Author	lid perform an inspecti rized Representative.	on of the
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to who of the first degree. (Section 627.711(7), Florida Statutes)	false or frau hich the indi	dulent mitigation ver vidual or entity is no	rification form with t t entitled commits a r	he intent to misdemeanor
The definitions on this form are for inspection purposes only as offering protection from hurricanes. Inspectors Initials Property Address 7271			ny product or constru	action feature
*This verification form is valid for up to five (5) years prov	ided no mate	rial changes have be	en made to the struct	ure 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



Nail location verified



6" spacing in the field



Single strap with 2 nails into the truss

Owner Information	Inspection Date:	uns torm and any d	ocumentation provi	ided with the insurance	e poncy			
Owner Name: Contact Person:	•							
Address: Zip: Work Phone:				Contact Person:				
City: Zip: Work Phone: County: Coll Phone: Insurance Company: Policy #: Email: Morts: Morts:								
County: Cell Phone: Insurance Company: Policy #.		Zin·						
Insurance Company: Policy #: Policy #: Fimali: Email: Email: NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. 1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC-94)? A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 31/2002. Building Permit Application Date observery: For homes built in 2002/2003 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application date of Original Installation/Replacement OR indicate that no information was available to verify compliance for event roof covering identified. 2.1 Roof Covering Type: Porma Application date built provided by Permit Application was available to verify compliance for each roof covering identified. 2.2 Roof Covering Shave a Miami-Dade Product Approval listing current at time of installation OR for the HVHZ only) a roofing permit application after 91/1994 and before 31/2002 OR the roof is original and built in 2004 or later. 2. Roof Deck Attachment: What is the wea		Zip.						
Year of Home:	•							
NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated relaturely surfited on this form. 1. Building Code: Was the structure built in compliance with the FIGr (See 197) and the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date consorry	2 0	# of Stories:		· ·				
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 371/202 OR the 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 371/202 OR the roof coverings have a Miami-Dade permit application date on or after 371/202 OR the roof coverings when the requirements of Answer "A" or "B" 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 of attending permit application and about time or or more roof coverings and before 371/202 OR the roof is original and built in 1997 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR for have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirement of Covering the product of the roof truss/rafter (space								
the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)? A. Built in compliance with the FBC: Year Built a date after 371/2002: Building Permit Application Date (MANDOYTYY)	accompany this form. At least one phot	ograph must accompa	ny this form to valida	ite each attribute marke	d in questions 3			
a date after 371/2002: Builting Permit Application Date 00x0007777	the HVHZ (Miami-Dade or Broward c	ounties), South Florida	Building Code (SFBC-	-94)?				
C. Unknown or does not meet the requirements of Answer "A" or "B" 2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Permit Application Permit Application Product Approval Provided for Compliance Compliance Product Approval Product Prod	a date after 3/1/2002: Building Per	mit Application Date (M	IM/DD/YYYY)//					
2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 1. Roof Covering Type: Permit Application Product Approval # Product Approval # Product Approval Product Approval # Product Approval # Product Approval Product Approval # Product Approval Product Product Product Product Product Product Product	provide a permit application with a	date after 9/1/1994: B	uilding Permit Applica					
OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Date Product Approval # Vear of Original Installation or Provided for Compliance Froducts Approval # Product Product Approval # Product Produc	\Box C. Unknown or does not meet the	requirements of Answer	r "A" or "B"					
2.1 Roof Covering Type: Permit Application Dute Product Approval # Veur of Original Installation or Provided for Compiliance 1. Asphalic Fiberplass Shingle	OR Year of Original Installation/Repla				nce for each roof			
□ 2. Concrete/Clay Tile □ 3. Metal □ □ □ 4. Built Up □ □ □ 5. Membrane □ □ 6. Other. □ □ □ 0. Other. □ 0. O					Provided for			
2. ConcreteClay Tile	1. Asphalt/Fiberglass Shingle	//						
3. Menul	П							
□ S. Membrane □ G. Onber □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □								
A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later. B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later. C. One or more roof coverings do not meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". 3. Roof Deck Attachment: What is the weakest form of roof deck attachment? 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. B. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced a maximum of 24"inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf. C. Plywood/OSB roof 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	4. Built Up	//						
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Inspectors Initials _ 1 Property Address	24"inches o.c.) by 8d common nai decking with a minimum of 2 nail Any system of screws, nails, adhe	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-						
	Inspectors Initials _M_ Property Addr	ess						

		or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.
		D. Reinforced Concrete Roof Deck.
		E. Other:
		F. Unknown or unidentified.
		G. No attic access.
4.		to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within teet of the inside or outside corner of the roof in determination of WEAKEST type)
	Ш	A. Toe Nails
		☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
		☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Miı	nimal conditions to qualify for categories B, C, or D. All visible metal connectors are:
		☐ Secured to truss/rafter with a minimum of three (3) nails, 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 nai position requirements of C or D, but is secured with a minimum of 3 nails.
		C. Single Wraps Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a 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, 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 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 of 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	 A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss. B. No SWR. C. Unknown or undetermined.
In	spec	ctors Initials Property Address
	-	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.

•	ening 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						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection						

A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at
a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval
system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure
and Large Missile Impact" (Level A in the table above).
The Control of the Co

- Miami-Dade County PA 201, 202, and 203
- Florida Building Code Testing Application Standard (TAS) 201, 202, and 203

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

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

	X in the table above	
	☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above	
B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of of 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.)	
	\square 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	

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

☐ 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

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

nspectors initials	ITOPCITY AC	iui coo	 	
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^{*}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 sprotective coverings not meeting the requirements of A				
with no documentation of compliance (Level N in the ta			1	
N.1 All Non-Glazed openings classified as Level A, B, C, o				
 N.2 One or More Non-Glazed openings classified as Level table above 	D in the table	above, and no Non-Glaze	d openings classified as	Level X in the
N.3 One or More Non-Glazed openings is classified as Lev	el X in the tab	le above		
X. None or Some Glazed Openings One or more Glaz	ed openings	classified and Level X	in the table above.	
MITIGATION INSPECTIONS MUST E Section 627.711(2), Florida Statutes, prov				
Qualified Inspector Name: Steven Rosenbaum	License Type:	Engineering	Ligense or Certificate #:	49307
Insight Inspections		Phone:	(941) 224-903	30
Qualified Inspector - I hold an active license as a	: (check o	ne)		
Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board			ber of hours of hurricand	e mitigation
Building code inspector certified under Section 468.607, Florida	The state of the s			
General, building or residential contractor licensed under Section	n 489.111, Flo	rida Statutes.		
X Professional engineer licensed under Section 471.015, Florida Se	tatutes.			
Professional architect licensed under Section 481.213, Florida Se	atutes.			
Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute		ssary qualifications to pro	perly complete a unifor	m mitigation
Individuals other than licensed contractors licensed under	Section 489.	111, Florida Statutes,	or professional engi	neer licensed
under Section 471.015, Florida Statues, must inspect the str	ructures per	sonally and not throu	gh employees or othe	er persons.
Licensees under s.471.015 or s.489.111 may authorize a direxperience to conduct a mitigation verification inspection.	ect employe	who possesses the re	quisite skill, knowled	ige, and
I, Steven Rosenbaum am a qualified inspector a (print name)	nd I person:	ally performed the ins	pection or (licensed	
contractors and professional engineers only) I had my emplo	oyee () pe	rform the inspection	
	1	(print name of inspe		
and I agree to be responsible for his/her work.	1/1-	1/2/	1/-	
Qualified Inspector Signature:	7	Date:	1/2020	
An individual or entity who knowingly or through gross ne	gligence pro	vides a false or fraudi	ulent mitigation verif	fication form is
subject to investigation by the Florida Division of Insurance	e Fraud and	may be subject to ad	ministrative action b	y the
appropriate licensing agency or to criminal prosecution. (S				
certifies this form shall be directly liable for the misconduc performed the inspection.	t of employe	es as if the authorized	mitigation inspector	r personally
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification	1 Inspector of	his or her employee d	id perform an inspecti	on of the
h	4		zeu representative.	
Signature:)ate:/	124/20	44	
	/			
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)	nich the indi	vidual or entity is not	entitled commits a n	nisdemeanor
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	y and canno	t be used to certify an	y product or constru	iction feature
Inspectors Initials Property Address 72	91 W. Cou	ntry Club Dr. N.		
	131 G3 -34			la contraction of the contractio
*This verification form is valid for up to five (5) years prov	ided no mate	erial changes have bee	en made to the struct	ure or
inaccuracies found on the form. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155			Page 4 of 4	
out Mi 100# (Men. VI/1#) Ruspied by Mile 070-1700155			Page 4 of 4	
		1.11		
		()).		





8d nails verified



Nail location verified



6" spacing in the field



Single strap with 2 nails into the truss

Owner Information	Inspection Date:	uns torm and any d	ocumentation provi	ided with the insurance	e poncy			
Owner Name: Contact Person:	•							
Address: Zip: Work Phone:				Contact Person:				
City: Zip: Work Phone: County: Coll Phone: Insurance Company: Policy #: Email: Morts: Morts:								
County: Cell Phone: Insurance Company: Policy #.		Zin·						
Insurance Company: Policy #: Policy #: Fimali: Email: Email: NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. 1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC-94)? A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 31/2002. Building Permit Application Date observery: For homes built in 2002/2003 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application date of Original Installation/Replacement OR indicate that no information was available to verify compliance for event roof covering identified. 2.1 Roof Covering Type: Porma Application date built provided by Permit Application was available to verify compliance for each roof covering identified. 2.2 Roof Covering Shave a Miami-Dade Product Approval listing current at time of installation OR for the HVHZ only) a roofing permit application after 91/1994 and before 31/2002 OR the roof is original and built in 2004 or later. 2. Roof Deck Attachment: What is the wea		Zip.						
Year of Home:	•							
NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated relaturely surfited on this form. 1. Building Code: Was the structure built in compliance with the FIGr (See 197) and the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date consorry	2 0	# of Stories:		· ·				
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 371/202 OR the 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 371/202 OR the roof coverings have a Miami-Dade permit application date on or after 371/202 OR the roof coverings when the requirements of Answer "A" or "B" 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 of attending permit application and about time or or more roof coverings and before 371/202 OR the roof is original and built in 1997 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR for have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirement of Covering the product of the roof truss/rafter (space								
the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)? A. Built in compliance with the FBC: Year Built a date after 371/2002: Building Permit Application Date (MANDOYTYY)	accompany this form. At least one phot	ograph must accompa	ny this form to valida	ite each attribute marke	d in questions 3			
a date after 371/2002: Builting Permit Application Date 00x0007777	the HVHZ (Miami-Dade or Broward c	ounties), South Florida	Building Code (SFBC-	-94)?				
C. Unknown or does not meet the requirements of Answer "A" or "B" 2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Permit Application Permit Application Product Approval Provided for Compliance Compliance Product Approval Product Prod	a date after 3/1/2002: Building Per	mit Application Date (M	IM/DD/YYYY)//					
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OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Date Product Approval # Vear of Original Installation or Provided for Compliance Froducts Approval # Product Product Approval # Product Produc	\Box C. Unknown or does not meet the	requirements of Answer	r "A" or "B"					
2.1 Roof Covering Type: Permit Application Dute Product Approval # Veur of Original Installation or Provided for Compiliance 1. Asphalic Fiberplass Shingle	OR Year of Original Installation/Repla				nce for each roof			
□ 2. Concrete/Clay Tile □ 3. Metal □ □ □ 4. Built Up □ □ □ 5. Membrane □ □ 6. Other. □ □ □ 0. Other. □ 0. O					Provided for			
2. ConcreteClay Tile	1. Asphalt/Fiberglass Shingle	//						
3. Menul	П							
□ S. Membrane □ G. Onber □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □								
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Inspectors Initials _ 1 Property Address	24"inches o.c.) by 8d common nai decking with a minimum of 2 nail Any system of screws, nails, adhe	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-						
	Inspectors Initials _M_ Property Addr	ess						

		or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.
		D. Reinforced Concrete Roof Deck.
		E. Other:
		F. Unknown or unidentified.
		G. No attic access.
4.		to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within teet of the inside or outside corner of the roof in determination of WEAKEST type)
	Ш	A. Toe Nails
		☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
		☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Miı	nimal conditions to qualify for categories B, C, or D. All visible metal connectors are:
		☐ Secured to truss/rafter with a minimum of three (3) nails, 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 nai position requirements of C or D, but is secured with a minimum of 3 nails.
		C. Single Wraps Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a 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, 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 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 of 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	 A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss. B. No SWR. C. Unknown or undetermined.
In	spec	ctors Initials Property Address
	-	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.

•	ening 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						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection						

A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at
a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval
system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure
and Large Missile Impact" (Level A in the table above).
The Control of the Co

- Miami-Dade County PA 201, 202, and 203
- Florida Building Code Testing Application Standard (TAS) 201, 202, and 203

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

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

X in the table above
☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above
B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):
• ASTM E 1886 <u>and</u> ASTM E 1996 (Large Missile – 4.5 lb.)
• SSTD 12 (Large Missile – 4 lb. to 8 lb.)
• For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large Missile - 2 to 4.5 lb.)
\square 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

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

☐ 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

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

nspectors initials	ITOPCITY AC	iui coo	 	
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^{*}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 protective coverings not meeting the requirements of A				
with no documentation of compliance (Level N in the ta				
N.1 All Non-Glazed openings classified as Level A, B, C,				
 N.2 One or More Non-Glazed openings classified as Level table above 	D in the table	above, and no Non-Glaze	d openings classified as	Level X in the
N.3 One or More Non-Glazed openings is classified as Lev	el X in the tab	le above		
X. None or Some Glazed Openings One or more Glaz	ed openings	classified and Level X	in the table above.	
MITIGATION INSPECTIONS MUST I Section 627.711(2), Florida Statutes, prov				
Qualified Inspector Name: Steven Rosenbaum	License Type:	Engineering	Ligense or Certificate #:	49307
Insight Inspections		Phone:	(941) 224-903	30
Qualified Inspector - I hold an active license as a	: (check o	ne)		
Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board			ber of hours of hurricand	e mitigation
Building code inspector certified under Section 468.607, Florida	Statutes.			
General, building or residential contractor licensed under Section	n 489.111, Flo	rida Statutes.		
X 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 posses verification form pursuant to Section 627.711(2), Florida Statute		ssary qualifications to pro	perly complete a unifor	m mitigation
Individuals other than licensed contractors licensed under	Section 489.	111, Florida Statutes,	or professional engi	neer licensed
under Section 471.015, Florida Statues, must inspect the st	ructures per	sonally and not throu	gh employees or othe	er persons.
Licensees under s.471.015 or s.489.111 may authorize a dir experience to conduct a mitigation verification inspection.	ect employe	who possesses the re	quisite skill, knowled	ige, and
I, Steven Rosenbaum am a qualified inspector a (print name)	ind I person:	ally performed the ins	pection or (licensed	
contractors and professional engineers only) I had my emple	oyee () pe	rform the inspection	
	1	(print name of inspe	ctor)	
and I agree to be responsible for his/her work.	2/6-	1/2	1/2-	
Qualified Inspector Signature:	1	Date:	1/2020	
An individual or entity who knowingly or through gross ne	gligence pro	vides a false or fraud	ulent mitigation verit	fication form is
subject to investigation by the Florida Division of Insurance	e Fraud and	may be subject to ad	ministrative action b	y the
appropriate licensing agency or to criminal prosecution. (S				
certifies this form shall be directly liable for the misconduc performed the inspection.	t of employe	es as it the authorized	mitigation inspector	r personany
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification	1 Inspector of	his or her employee d	id perform an inspecti	on of the
h - N			zeu representative.	
Signature:	Date:/	124/20	44	
	/			
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)	hich the indi	vidual or entity is not	entitled commits a n	nisdemeanor
				7
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	ly and canno	t be used to certify ar	y product or constru	action feature
Inspectors Initials Property Address 7301	N. Country	Club Dr. N.		
*This verification form is valid for up to five (5) years prov	ided no mat	erial changes have be	en made to the struct	ure or
inaccuracies found on the form.	AND ADDRESS			
OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155			Page 4 of 4	
		141	Page 4 of 4	
		1)	DETERMINED TO THE	





8d nails verified



Nail location verified



6" spacing in the field



Single strap with 2 nails into the truss



Owner Information	Inspection Date:						
Owner Name: Contact Person:							
Address: Zip: Work Phone:				Contact Person:			
City: Zip: Work Phone: County: Coll Phone: Insurance Company: Policy #: Email: Morts: Morts:							
County: Cell Phone: Insurance Company: Policy #.		Zin·					
Insurance Company: Policy #: Policy #: Fimali: Email: Email: NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. 1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC-94)? A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 31/2002. Building Permit Application Date observery: For homes built in 2002/2003 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application date of Original Installation/Replacement OR indicate that no information was available to verify compliance for event roof covering identified. 2.1 Roof Covering Type: Porma Application date built provided by Permit Application was available to verify compliance for each roof covering identified. 2.2 Roof Covering Shave a Miami-Dade Product Approval listing current at time of installation OR for the HVHZ only) a roofing permit application after 91/1994 and before 31/2002 OR the roof is original and built in 2004 or later. 2. Roof Deck Attachment: What is the wea		Zip.					
Year of Home:	•						
NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated relaturely surfited on this form. 1. Building Code: Was the structure built in compliance with the FIGr (See 197) and the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date consorry	2 0	# of Stories:		· ·			
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 371/202 OR the 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 371/202 OR the roof coverings have a Miami-Dade permit application date on or after 371/202 OR the roof coverings when the requirements of Answer "A" or "B" 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 of attending permit application and about time or or more roof coverings and before 371/202 OR the roof is original and built in 1997 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR for have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirement of Covering the product of the roof truss/rafter (space							
the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)? A. Built in compliance with the FBC: Year Built a date after 371/2002: Building Permit Application Date (MANDOYTYY)	accompany this form. At least one phot	ograph must accompa	ny this form to valida	ite each attribute marke	d in questions 3		
a date after 371/2002: Builting Permit Application Date 00x0007777	the HVHZ (Miami-Dade or Broward c	ounties), South Florida	Building Code (SFBC-	-94)?			
C. Unknown or does not meet the requirements of Answer "A" or "B" 2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Permit Application Permit Application Product Approval Provided for Compliance Compliance Product Approval Product Prod	a date after 3/1/2002: Building Per	mit Application Date (M	IM/DD/YYYY)//				
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OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Date Product Approval # Vear of Original Installation or Provided for Compliance Froducts Approval # Product Product Approval # Product Produc	\Box C. Unknown or does not meet the	requirements of Answer	r "A" or "B"				
2.1 Roof Covering Type: Permit Application Dute Product Approval # Veur of Original Installation or Provided for Compiliance 1. Asphalic Fiberplass Shingle	OR Year of Original Installation/Repla				nce for each roof		
□ 2. Concrete/Clay Tile □ 3. Metal □ □ □ 4. Built Up □ □ □ 5. Membrane □ □ 6. Other. □ □ □ 0. Other. □ 0. O					Provided for		
2. ConcreteClay Tile	1. Asphalt/Fiberglass Shingle	//					
3. Menul	П						
□ S. Membrane □ G. Onber □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □							
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 □ A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later. □ B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later. □ C. One or more roof coverings do not meet the requirements of Answer "A" or "B". □ D. No roof coverings meet the requirements of Answer "A" or "B". 3. Roof Deck Attachment: What is the weakest form of roof deck attachment? □ 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 (spaced a maximum of 24"inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf. □ C. Plywood/OSB roof 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 	5. Membrane	//					
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Inspectors Initials _ 1 Property Address	24"inches o.c.) by 8d common nai decking with a minimum of 2 nail Any system of screws, nails, adhe	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-					
	Inspectors Initials _M_ Property Addr	ess					

		or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.
		D. Reinforced Concrete Roof Deck.
		E. Other:
		F. Unknown or unidentified.
		G. No attic access.
4.		to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within teet of the inside or outside corner of the roof in determination of WEAKEST type)
	Ш	A. Toe Nails
		☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
		☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Miı	nimal conditions to qualify for categories B, C, or D. All visible metal connectors are:
		☐ Secured to truss/rafter with a minimum of three (3) nails, 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 nai position requirements of C or D, but is secured with a minimum of 3 nails.
		C. Single Wraps Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a 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, 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 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 of 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	 A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss. B. No SWR. C. Unknown or undetermined.
In	spec	ctors Initials Property Address
	-	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.

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	
			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							
N	Other protective coverings that cannot be identified as A, B, or C							
Х	No Windborne Debris Protection							

A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at
a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval
system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure
and Large Missile Impact" (Level A in the table above).
The Control of the Co

- Miami-Dade County PA 201, 202, and 203
- Florida Building Code Testing Application Standard (TAS) 201, 202, and 203

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

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

X in the table above
☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above
B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):
• ASTM E 1886 <u>and</u> ASTM E 1996 (Large Missile – 4.5 lb.)
• SSTD 12 (Large Missile – 4 lb. to 8 lb.)
• For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large Missile - 2 to 4.5 lb.)
\square 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

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

☐ 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

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

nspectors initials	ITOPCITY AC	iui coo	 	
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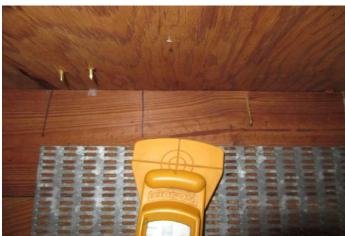
^{*}This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

N. Exterior Opening Protection (unverified shutter sprotective coverings not meeting the requirements of A				
with no documentation of compliance (Level N in the ta			1	
N.1 All Non-Glazed openings classified as Level A, B, C, o				
 N.2 One or More Non-Glazed openings classified as Level table above 	D in the table	above, and no Non-Glaze	d openings classified as	Level X in the
N.3 One or More Non-Glazed openings is classified as Lev	el X in the tab	le above		
X. None or Some Glazed Openings One or more Glaz	ed openings	classified and Level X	in the table above.	
MITIGATION INSPECTIONS MUST E Section 627.711(2), Florida Statutes, prov				
Qualified Inspector Name: Steven Rosenbaum	License Type:	Engineering	Ligense or Certificate #:	49307
Insight Inspections		Phone:	(941) 224-903	30
Qualified Inspector - I hold an active license as a	: (check o	ne)		
Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board			ber of hours of hurricand	e mitigation
Building code inspector certified under Section 468.607, Florida	Statutes.			
General, building or residential contractor licensed under Section	n 489.111, Flo	rida Statutes.		
X Professional engineer licensed under Section 471.015, Florida Se	tatutes.			
Professional architect licensed under Section 481.213, Florida Se	atutes.			
Any other individual or entity recognized by the insurer as posses verification form pursuant to Section 627.711(2), Florida Statute		ssary qualifications to pro	perly complete a uniform	m mitigation
Individuals other than licensed contractors licensed under	Section 489.	111, Florida Statutes,	or professional engin	neer licensed
under Section 471.015, Florida Statues, must inspect the str	ructures per	sonally and not throu	gh employees or othe	er persons.
Licensees under s.471.015 or s.489.111 may authorize a direxperience to conduct a mitigation verification inspection.	ect employee	who possesses the re	quisite skill, knowled	ige, and
I, Steven Rosenbaum am a qualified inspector a (print name)	nd I person	ally performed the ins	pection or (licensed	
contractors and professional engineers only) I had my emplo	oyee () pe	rform the inspection	
	1	(print name of inspe	ctor)	
and I agree to be responsible for his/her work.	2/1-	1/2	1/2-	
Qualified Inspector Signature:	1	Date:	1/2020	
An individual or entity who knowingly or through gross ne	gligence pro	vides a false or fraudi	ulent mitigation verif	fication form is
subject to investigation by the Florida Division of Insuranc				
appropriate licensing agency or to criminal prosecution. (Secretifies this form shall be directly liable for the misconduc				
performed the inspection.	t or employe	es as il the authorized	mitigation hispector	personany
Harmon to a second to J. C. d. al. 10. 10.	17			
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification	n was provid	ed to me or my Authori	zed Representative	on of the
h	4		and respication of	
Signature:	Jate:	24/20	1 1 1	
	/			
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)	nich the mui	vidual or entity is not	entitled commits a n	msdemeanor
				-
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	y and canno	t be used to certify an	y product or constru	iction feature
Inspectors Initials Property Address 7304	1 W. Countr	ry Club Dr. N.		
*This varification form is valid for one to five (5)	idad na mat	ovial abanges have be-	made to the start	WHO ON
*This verification form is valid for up to five (5) years provinaccuracies found on the form.	ided no mate	erial changes have bee	in made to the struct	ure or
OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155			Page 4 of 4	
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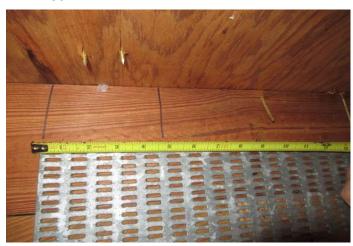




8d nails verified



Nail location verified



6" spacing in the field



Single strap with 1 nail into the truss

Owner Information	Inspection Date:	uns torm and any d	ocumentation provi	ided with the insurance	e poncy			
Owner Name: Contact Person:	•							
Address: Zip: Work Phone:				Contact Person:				
City: Zip: Work Phone: County: Coll Phone: Insurance Company: Policy #: Email: Morts: Morts:								
County: Cell Phone: Insurance Company: Policy #.		Zin·						
Insurance Company: Policy #: Policy #: Fimali: Email: Email: NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. 1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC-94)? A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 31/2002. Building Permit Application Date observery: For homes built in 2002/2003 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application date of Original Installation/Replacement OR indicate that no information was available to verify compliance for event roof covering identified. 2.1 Roof Covering Type: Porma Application date built provided by Permit Application was available to verify compliance for each roof covering identified. 2.2 Roof Covering Shave a Miami-Dade Product Approval listing current at time of installation OR for the HVHZ only) a roofing permit application after 91/1994 and before 31/2002 OR the roof is original and built in 2004 or later. 2. Roof Deck Attachment: What is the wea		Zip.						
Year of Home:	•							
NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated relaturely surfited on this form. 1. Building Code: Was the structure built in compliance with the FIGr (See 197) and the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date consorry	2 0	# of Stories:		· ·				
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 371/202 OR the 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 371/202 OR the roof coverings have a Miami-Dade permit application date on or after 371/202 OR the roof coverings when the requirements of Answer "A" or "B" 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 of attending permit application and about time or or more roof coverings and before 371/202 OR the roof is original and built in 1997 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR for have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirement of Covering the product of the roof truss/rafter (space								
the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)? A. Built in compliance with the FBC: Year Built a date after 371/2002: Building Permit Application Date (MANDOYTYY)	accompany this form. At least one phot	ograph must accompa	ny this form to valida	ite each attribute marke	d in questions 3			
a date after 371/2002: Builting Permit Application Date 00x0007777	the HVHZ (Miami-Dade or Broward c	ounties), South Florida	Building Code (SFBC-	-94)?				
C. Unknown or does not meet the requirements of Answer "A" or "B" 2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Permit Application Permit Application Product Approval Provided for Compliance Compliance Product Approval Product Prod	a date after 3/1/2002: Building Per	mit Application Date (M	IM/DD/YYYY)//					
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OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Date Product Approval # Vear of Original Installation or Provided for Compliance Froducts Approval # Product Product Approval # Product Produc	\Box C. Unknown or does not meet the	requirements of Answer	r "A" or "B"					
2.1 Roof Covering Type: Permit Application Dute Product Approval # Veur of Original Installation or Provided for Compiliance 1. Asphalic Fiberplass Shingle	OR Year of Original Installation/Repla				nce for each roof			
□ 2. Concrete/Clay Tile □ 3. Metal □ □ □ 4. Built Up □ □ □ 5. Membrane □ □ 6. Other. □ □ □ 0. Other. □ 0. O					Provided for			
2. ConcreteClay Tile	1. Asphalt/Fiberglass Shingle	//						
3. Menul	П							
□ S. Membrane □ G. Onber □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □								
A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later. B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later. C. One or more roof coverings do not meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". 3. Roof Deck Attachment: What is the weakest form of roof deck attachment? 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. B. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced a maximum of 24"inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf. C. Plywood/OSB roof 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	4. Built Up	//						
 □ A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later. □ B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later. □ C. One or more roof coverings do not meet the requirements of Answer "A" or "B". □ D. No roof coverings meet the requirements of Answer "A" or "B". 3. Roof Deck Attachment: What is the weakest form of roof deck attachment? □ 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 (spaced a maximum of 24"inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf. □ C. Plywood/OSB roof 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 	5. Membrane	//						
installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later. □ B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later. □ C. One or more roof coverings do not meet the requirements of Answer "A" or "B". □ D. No roof coverings meet the requirements of Answer "A" or "B". 3. Roof Deck Attachment: What is the weakest form of roof deck attachment? □ 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. □ B. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced a maximum of 24"inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf. □ C. Plywood/OSB roof 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	6. Other	//						
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 □ D. No roof coverings meet the requirements of Answer "A" or "B". 3. Roof Deck Attachment: What is the weakest form of roof deck attachment? □ 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. □ B. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced a maximum of 24"inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf. □ C. Plywood/OSB roof 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 								
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Inspectors Initials _ 1 Property Address	24"inches o.c.) by 8d common nai decking with a minimum of 2 nail Any system of screws, nails, adhe	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-						
	Inspectors Initials _M_ Property Addr	ess						

		or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.
		D. Reinforced Concrete Roof Deck.
		E. Other:
		F. Unknown or unidentified.
		G. No attic access.
4.		to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within teet of the inside or outside corner of the roof in determination of WEAKEST type)
	Ш	A. Toe Nails
		☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
		☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Miı	nimal conditions to qualify for categories B, C, or D. All visible metal connectors are:
		☐ Secured to truss/rafter with a minimum of three (3) nails, 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 nai position requirements of C or D, but is secured with a minimum of 3 nails.
		C. Single Wraps Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a 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, 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 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 of 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	 A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss. B. No SWR. C. Unknown or undetermined.
In	spec	ctors Initials Property Address
	-	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.

•	ening 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						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection						

A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at
a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval
system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure
and Large Missile Impact" (Level A in the table above).
The Control of the Co

- Miami-Dade County PA 201, 202, and 203
- Florida Building Code Testing Application Standard (TAS) 201, 202, and 203

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

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

X in the table above
☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above
B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):
• ASTM E 1886 <u>and</u> ASTM E 1996 (Large Missile – 4.5 lb.)
• SSTD 12 (Large Missile – 4 lb. to 8 lb.)
• For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large Missile - 2 to 4.5 lb.)
\square 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

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

☐ 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

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

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^{*}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 protective coverings not meeting the requirements of A				
with no documentation of compliance (Level N in the t		, 0. 0 0. 0,000	The second second	11 01 5
N.1 All Non-Glazed openings classified as Level A, B, C,				
 N.2 One or More Non-Glazed openings classified as Level table above 	D in the table	above, and no Non-Glaz	ed openings classified as	Level X in the
N.3 One or More Non-Glazed openings is classified as Lev	vel X in the tabl	e above		
X. None or Some Glazed Openings One or more Glaz	zed openings of	classified and Level X	in the table above.	
MITIGATION INSPECTIONS MUST Section 627.711(2), Florida Statutes, prov			THE RESIDENCE OF THE PROPERTY	
Qualified Inspector Name: Steven Rosenbaum	License Type:	Engineering	License or Certificate #:	49307
Insight Inspections		Phone:	(941) 224-903	0
Qualified Inspector - I hold an active license as a	a: (check or	ne)		
Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board				mitigation
Building code inspector certified under Section 468.607, Florida	a Statutes.			
General, building or residential contractor licensed under Section		ida Statutes.		
Professional engineer licensed under Section 471.015, Florida S				
Professional architect licensed under Section 481.213, Florida S Any other individual or entity recognized by the insurer as possi		1:6:		
Any other individual or entity recognized by the insurer as possiverification form pursuant to Section 627.711(2), Florida Statute		ssary quantications to pr	operiy complete a unifor	n 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 dir				
experience to conduct a mitigation verification inspection.	ect employee	Will pussesses the I	THE SKIIL KILOWICE	ige, and
I, Steven Rosenbaum am a qualified inspector	and I persona	ally performed the in	spection or (licensed	
(print name)				
contractors and professional engineers only) I had my empl	oyee ((print name of inspe	erform the inspection	
and I agree to be responsible for his/her work.	1	(print name of hisp		
Qualified Inspector Signature:	2 cm	Date: 1/2	4/2020	
An individual or entity who knowingly or through gross no	egligence nro	vides a false or fraud	ulant mitigation vari	leation 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 misconduction.	ct of employe	es as if the authorized	d mitigation inspector	personally
<u>Homeowner to complete</u> : I certify that the named Qualifie residence identified on this form and that proof of identification	d Inspector or	his or her employee o	lid perform an inspecti	on of the
		d to me of my radio	ized inchicocitative.	on of the
Signature:	Date.	124/20	the first of the second	on of the
	7	124/20		on of the
	/			
An individual or entity who knowingly provides or utters a	false or frau	dulent mitigation ve		he intent to
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)	false or frau	dulent mitigation ve		he intent to
obtain or receive a discount on an insurance premium to w of the first degree. (Section 627.711(7), Florida Statutes)	false or frau	dulent mitigation ve vidual or entity is no	t entitled commits a n	he intent to nisdemeanor
obtain or receive a discount on an insurance premium to w	false or frau	dulent mitigation ve vidual or entity is no	t entitled commits a n	he intent to nisdemeanor
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.	false or frau	dulent mitigation ve vidual or entity is no t be used to certify a	t entitled commits a n	he intent to nisdemeanor
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.	n false or frau hich the indi aly and canno W. Country	dulent mitigation ve vidual or entity is no t be used to certify a Club Dr. N.	ny product or constru	he intent to nisdemeanor action feature
obtain or receive a discount on an insurance premium to we 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. Inspectors Initials Property Address 7351 \(\) *This verification form is valid for up to five (5) years proving accuracies found on the form.	n false or frau hich the indi aly and canno W. Country	dulent mitigation ve vidual or entity is no t be used to certify a Club Dr. N.	ny product or constru	he intent to nisdemeanor action feature ure or
obtain or receive a discount on an insurance premium to we 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. Inspectors Initials Property Address 7351 \(\) *This verification form is valid for up to five (5) years prove	n false or frau hich the indi aly and canno W. Country	dulent mitigation ve vidual or entity is no t be used to certify a Club Dr. N.	ny product or constru	he intent to nisdemeanor action feature ure or
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8d nails verified



Nail location verified



6" spacing in the field



Single strap with 2 nails into the truss

Owner Information	Inspection Date:	uns torm and any d	ocumentation provi	ided with the insurance	e poncy			
Owner Name: Contact Person:	•							
Address: Zip: Work Phone:				Contact Person:				
City: Zip: Work Phone: County: Coll Phone: Insurance Company: Policy #: Email: Morts: Morts:								
County: Cell Phone: Insurance Company: Policy #.		Zin·						
Insurance Company: Policy #: Policy #: Fimali: Email: Email: NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. 1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC-94)? A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 31/2002. Building Permit Application Date observery: For homes built in 2002/2003 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 Building Permit Application Date observery: For homes built in 1994, 1995, and 1996 provide a permit application date of Original Installation/Replacement OR indicate that no information was available to verify compliance for event roof covering identified. 2.1 Roof Covering Type: Porma Application date built provided by Permit Application was available to verify compliance for each roof covering identified. 2.2 Roof Covering Shave a Miami-Dade Product Approval listing current at time of installation OR for the HVHZ only) a roofing permit application after 91/1994 and before 31/2002 OR the roof is original and built in 2004 or later. 2. Roof Deck Attachment: What is the wea		Zip.						
Year of Home:	•							
NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated relaturely surfited on this form. 1. Building Code: Was the structure built in compliance with the FIGr (See 197) and the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FFC 2001 or later) OR For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date consorry	2 0	# of Stories:		· ·				
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 371/202 OR the 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 371/202 OR the roof coverings have a Miami-Dade permit application date on or after 371/202 OR the roof coverings when the requirements of Answer "A" or "B" 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 of attending permit application and about time or or more roof coverings and before 371/202 OR the roof is original and built in 1997 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings have a Miami-Dade Product Approval listing current at time of installation OR for have a roofing permit application date on or after 371/202 OR the roof is original and built in 2004 or later. D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirement of Covering the place of the roof is appealed to the ro								
the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)? A. Built in compliance with the FBC: Year Built a date after 371/2002: Building Permit Application Date (MANDOYTYY)	accompany this form. At least one phot	ograph must accompa	ny this form to valida	ite each attribute marke	d in questions 3			
a date after 371/2002: Builting Permit Application Date 00x0007777	the HVHZ (Miami-Dade or Broward c	ounties), South Florida	Building Code (SFBC-	-94)?				
C. Unknown or does not meet the requirements of Answer "A" or "B" 2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Permit Application Permit Application Product Approval Provided for Compliance Compliance Product Approval Product Prod	a date after 3/1/2002: Building Per	mit Application Date (M	IM/DD/YYYY)//					
2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 1. Roof Covering Type: Permit Application Product Approval # Product Approval # Product Approval Product Approval # Product Approval # Product Approval Product Approval # Product Approval Product Product Product Product Product Product Product	provide a permit application with a	date after 9/1/1994: B	uilding Permit Applica					
OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application Date Product Approval # Vear of Original Installation or Provided for Compliance Froducts Approval # Product Product Approval # Product Produc	\Box C. Unknown or does not meet the	requirements of Answer	r "A" or "B"					
2.1 Roof Covering Type: Permit Application Dute Product Approval # Veur of Original Installation or Provided for Compiliance 1. Asphalic Fiberplass Shingle	OR Year of Original Installation/Repla				nce for each roof			
□ 2. Concrete/Clay Tile □ 3. Metal □ □ □ 4. Built Up □ □ □ 5. Membrane □ □ 6. Other. □ □ □ 0. Other. □ 0. O					Provided for			
2. ConcreteClay Tile	1. Asphalt/Fiberglass Shingle	//						
3. Menul	П							
□ S. Membrane □ G. Onber □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □								
A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later. B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later. C. One or more roof coverings do not meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". 3. Roof Deck Attachment: What is the weakest form of roof deck attachment? 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. B. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced a maximum of 24"inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf. C. Plywood/OSB roof 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	4. Built Up	//						
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Inspectors Initials _ 1 Property Address	24"inches o.c.) by 8d common nai decking with a minimum of 2 nail Any system of screws, nails, adhe	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-						
	Inspectors Initials _M_ Property Addr	ess						

		or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.
		D. Reinforced Concrete Roof Deck.
		E. Other:
		F. Unknown or unidentified.
		G. No attic access.
4.		to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within teet of the inside or outside corner of the roof in determination of WEAKEST type)
	Ш	A. Toe Nails
		☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
		☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Miı	nimal conditions to qualify for categories B, C, or D. All visible metal connectors are:
		☐ Secured to truss/rafter with a minimum of three (3) nails, 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 nai position requirements of C or D, but is secured with a minimum of 3 nails.
		C. Single Wraps Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a 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, 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 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 of 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	 A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss. B. No SWR. C. Unknown or undetermined.
In	spec	ctors Initials Property Address
	-	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.

•	ening 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						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection						

A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at
a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval
system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure
and Large Missile Impact" (Level A in the table above).
The Control of the Co

- Miami-Dade County PA 201, 202, and 203
- Florida Building Code Testing Application Standard (TAS) 201, 202, and 203

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

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

X in the table above				
☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above				
B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):				
• ASTM E 1886 <u>and</u> ASTM E 1996 (Large Missile – 4.5 lb.)				
• SSTD 12 (Large Missile – 4 lb. to 8 lb.)				
• For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large Missile - 2 to 4.5 lb.)				
\square 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				

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

□ 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

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

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^{*}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 sprotective coverings not meeting the requirements of A	nswer "A", "			
with no documentation of compliance (Level N in the ta				
N.1 All Non-Glazed openings classified as Level A, B, C, o				Industrial
 N.2 One or More Non-Glazed openings classified as Level table above 			zed openings classified as	Level X in the
N.3 One or More Non-Glazed openings is classified as Leve	el X in the tabl	e above		
X. None or Some Glazed Openings One or more Glaze	ed openings of	classified and Level X	In the table above.	
MITIGATION INSPECTIONS MUST B Section 627.711(2), Florida Statutes, provi				
Qualified Inspector Name: Steven Rosenbaum	License Type:	Engineering	License or Certificate #:	49307
Insight Inspections		Phone:	(941) 224-903	30
Qualified Inspector - I hold an active license as a				
Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board	es who has con and completio	npleted the statutory nu n of a proficiency exam	mber of hours of hurrican	e mitigation
☐ Building code inspector certified under Section 468.607, Florida	Statutes.			
General, building or residential contractor licensed under Section	489.111, Flor	rida Statutes.		
X Professional engineer licensed under Section 471.015, Florida St	tatutes.			
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		ssary qualifications to p	roperly complete a unifor	m mitigation
Individuals other than licensed contractors licensed under				
under Section 471.015, Florida Statues, must inspect the str Licensees under s.471.015 or s.489.111 may authorize a dire				
experience to conduct a mitigation verification inspection.				and and
I, Steven Rosenbaum am a qualified inspector a	nd I persona	illy performed the in	nspection or (licensed	
(print name)				
contractors and professional engineers only) I had my emplo	oyee (perform the inspection	1
and I agree to be responsible for his/her work.	1	(print name of insp	ector)	
Qualified Inspector Signature:	y h	Date: 1/2	4/2020	
Quantieu inspector Signature.		Date	1	
An individual or entity who knowingly or through gross ne				
subject to investigation by the Florida Division of Insurance			THE RESIDENCE OF THE PARTY OF T	
appropriate licensing agency or to criminal prosecution. (Secretifies this form shall be directly liable for the misconduction)				
performed the inspection.				Personati
Homeowner to complete: I certify that the named Qualified	Inchestor or	his or har amplayee	did wasfamu as issues	ion of the
residence identified on this form and that proof of identification				ion of the
h.a N				
Signature:	Jate.	1-1/20		
	/			
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to wl of the first degree. (Section 627.711(7), Florida Statutes)	false or frau hich the indi	dulent mitigation ve vidual or entity is no	erification form with to tot entitled commits a	the intent to misdemeanor
or the more degree (occurred out 111(1)) and the detector				
The definitions on this form are for inspection purposes onl as offering protection from hurricanes.	y and canno	t be used to certify a	any product or constr	uction feature
Inspectors Initials Property Address 740	05 W. Cour	ntry Club Dr. N.		
*This verification form is valid for up to five (5) years provi	ided no mot	rial changes have b	een made to the struc	ture or
inaccuracies found on the form.	idea no mate	a iai changes have b	cen made to the struc	ture of
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			Page 4 of 4	





8d nails verified



Nail location verified



6" spacing in the field



Single strap with 2 nails into the truss