Maintain a copy of the	is form and any do	ocumentation provid	ied with the insuranc	e policy					
Inspection Date:									
Owner Information			C						
Owner Name:			Contact Person:						
Address:	m.		Home Phone:						
City:	Zip:		Work Phone:						
County:			Cell Phone:						
Insurance Company:	T #		Policy #:						
Year of Home:	# of Stories:		Email:						
NOTE: Any documentation used in valid accompany this form. At least one photosthough 7. The insurer may ask additional	graph must accompa	ny this form to validat	e each attribute marked	l in questions 3					
1. <u>Building Code</u> : Was the structure built the HVHZ (Miami-Dade or Broward co	unties), South Florida	Building Code (SFBC-9	94)?						
☐ A. Built in compliance with the FBC a date after 3/1/2002: Building Perm	nit Application Date (M	M/DD/YYYY)///							
☐ B. For the HVHZ Only: Built in comprovide a permit application with a comprovide a permit application with a comprovide a permit application.	npliance with the SFB date after 9/1/1994: Bu	C-94: Year Built iilding Permit Applicati	For homes built in 19 on Date (MM/DD/YYYY)/_	94, 1995, and 1996 /					
\square C. Unknown or does not meet the re	quirements of Answer	"A" or "B"							
 Roof Covering: Select all roof covering OR Year of Original Installation/Replace covering identified. 									
	Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance					
1. Asphalt/Fiberglass Shingle									
									
									
			- 						
☐ A. All roof coverings listed above minstallation OR have a roofing perm	eet the FBC with a FE			ent at time of					
☐ B. All roof coverings have a Miamiroofing permit application after 9/1/									
☐ C. One or more roof coverings do no	ot meet the requiremen	nts of Answer "A" or "B	. ".						
\Box D. No roof coverings meet the requi	rements of Answer "A	" or "B".							
3. Roof Deck Attachment : What is the we	eakest form of roof dec	ck attachment?							
☐ A. Plywood/Oriented strand board (by staples or 6d nails spaced at 6" shinglesOR- Any system of screw mean uplift less than that required for	A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by staples or 6d nails spaced at 6" along the edge and 12" in the fieldOR- Batten decking supporting wood shakes or wood shinglesOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift less than that required for Options B or C below.								
24"inches o.c.) by 8d common nails other deck fastening system or truss a maximum of 12 inches in the field	B. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced a maximum of 24"inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.								
24"inches o.c.) by 8d common nails decking with a minimum of 2 nails	C. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced a maximum of 24"inches o.c.) by 8d common nails spaced a maximum of 6" inches in the fieldOR- Dimensional lumber/Tongue & Groove decking with a minimum of 2 nails per board (or 1 nail per board if each board is equal to or less than 6 inches in width)OR-Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent								
Inspectors Initials _M_ Property Address			-						

		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 devi					
in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the foll 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 Arwith no documentation of compliance (Level N in the tax)	nswer "A", "B", or C'			
☐ N.1 All Non-Glazed openings classified as Level A, B, C, o		or no Non-Glaze	d openings exist	
N.2 One or More Non-Glazed openings classified as Level table above N.2 One or More Non-Glazed openings classified as Level table above				Level X in the
N.3 One or More Non-Glazed openings is classified as Leve	el X in the table above	- 14		
		- IT - 17		
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 indivi	iduals who ma		
Steven Rosenbaum	Engir	neering	Ligense 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		toe		
X Professional engineer licensed under Section 471.015, Florida St		ies.		
Professional architect licensed under Section 471.013, Florida St				
Any other individual or entity recognized by the insurer as posses		ifications to pro	merly complete a unifor	m mitigation
verification form pursuant to Section 627.711(2), Florida Statute	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 po	ssesses the re	quisite skin, knowle	age, and
	1 T	10.		
I, Steven Rosenbaum am a qualified inspector a	nd I personally perio	ormed the ins	pection or (licensed	
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		
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. (See				
certifies this form shall be directly liable for the misconduct				
performed the inspection.	or emproyees as it es	de 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	id perform an inspect zed Representative.	ion of the
Signature:	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)				
12 12 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A				
The definitions on this form are for inspection purposes onl as offering protection from hurricanes.	y and cannot be used	d to certify an	y product or constr	uction feature
Inspectors Initials Property Address 7450	-7452 W. Country	Club Dr. N.		_
*This verification form is valid for up to five (5) years provi	ded no material cha	nges have bee	en 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	
			THE PERMIT	







8d nails verified



Nail location verified



6" spacing in the field



Single strap with at least 3 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 built provided by Permit Application was available to verify compliance for each roof covering identified. 2.2 Roof Covering Sluted 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 after 91/1994 and before 31/2002 OR the roof is original and built in 2004 or later. 2. Roof D		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: 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)//							
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										
□ 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	//								
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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	
		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 devi					
in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the foll 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

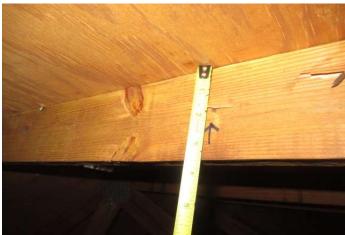
Inspectors Initials Property Address

^{*}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 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 second secon		
 N.2 One or More Non-Glazed openings classified as Level table above 	D in the table a	bove, and no Non-Glaze	d openings classified as	Level X in the
N.3 One or More Non-Glazed openings is classified as Leve	el X in the table	e above		
X. None or Some Glazed Openings One or more Glaze	ed openings c	lassified 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 or	ie)		
 ☐ 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		ber of hours of hurricane	mitigation
General, building or residential contractor licensed under Section		ida Statutes		
X Professional engineer licensed under Section 471.015, Florida St		du Diatates.		
Professional architect licensed under Section 481.213, Florida St				
Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute		sary qualifications to pro	perly complete a uniform	n mitigation
Individuals other than licensed contractors licensed under	Section 489.1	11, Florida Statutes,	or professional engin	neer licensed
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.				
6. 6 .				
I, Steven Rosenbaum am a qualified inspector a (print name)	nd I persona	lly performed the ins	pection or (licensed	
contractors and professional engineers only) I had my emplo	yee () pe	rform the inspection	
	1	(print name of inspe	ctor)	
and I agree to be responsible for his/her work.	Nh	1/20	1/2000	
Qualified Inspector Signature:		Date:	1/2020	
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. (See				
certifies this form shall be directly liable for the misconduct				
performed the inspection.				
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification	l Inspector or was provide	his or her employee d d to me or my Author	id perform an inspecti zed Representative.	on of the
Signature: MAN 7	Date: /	124/20		
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)				
or the more degree (escaled of market)				
The definitions on this form are for inspection purposes onl as offering protection from hurricanes.	y and cannot	t be used to certify an	y product or constru	ction feature
Inspectors Initials Property Address 7422	:-7424 W. C	Country Club Dr. N.		-
*This verification form is valid for up to five (5) years provi	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 even 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 Sluted 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 after 91/1994 and before 31/2002 OR the roof is original and built in 2004 or later. 2. Roof D		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: 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								
□ 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			1	
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 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 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
	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 fraudi	ulent 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.	t or employe	es as if the authorized	mitigation hispector	personany
Homeowner to complete: I certify that the named Qualified	d Inchantar a	his or how amplaces d		
residence identified on this form and that proof of identificatio	n was provid	ed to me or my Authori	zed Representative.	on of the
	Date: /			
Signature.	Jace.	1	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)		Tadar or entry to not		in such can or
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	ly and canno	of be used to certify an	y product or constru	iction feature
Inspectors Initials Property Address 7388	3-7390 W. (Country 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.	incu no mat	or the changes have bee		
OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155			Page 4 of 4	1
			Page 4 of 4	
		1)	1 10 10 10 10 10 10 10	







Dimensional lumber roof decking with at least 2 nails per board



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 built provided by Permit Application was available to verify compliance for each roof covering identified. 2.2 Roof Covering Sluted 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 after 91/1994 and before 31/2002 OR the roof is original and built in 2004 or later. 2. Roof D		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								
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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. O					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

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				
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	n the table above.	
MITIGATION INSPECTIONS MUST I Section 627.711(2), Florida Statutes, prov			THE RESIDENCE OF THE PARTY OF T	
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				
 General, building or residential contractor licensed under Section Professional engineer licensed under Section 471.015, Florida Section 		rida 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, knowiet	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	1	(print name of inspe	rform the inspection ctor)	
and I agree to be responsible for his/her work.	1/1-	1/20	1/1	
Qualified Inspector Signature:	Α .	Date:	1/2020	
An individual or entity who knowingly or through gross ne	gligence pro	vides a false or fraudi	ilent 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 or	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: /	129/20		
Ö	/			
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 11 11 11 1	-
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 7352	2-7354 W. (Country Club Dr. N.		-
*This verification form is valid for up to five (5) years prov	ided no mate	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 at least 3 nails into the truss



At least 3 nails through 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 built provided by Permit Application was available to verify compliance for each roof covering identified. 2.2 Roof Covering Sluted 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 after 91/1994 and before 31/2002 OR the roof is original and built in 2004 or later. 2. Roof D		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								
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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"					
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□ 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								
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 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 	by staples or 6d nails spaced at 6' shinglesOR- Any system of scre	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						
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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		,,		
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 a	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 tabl	e above		
X. None or Some Glazed Openings One or more Glaze	ed openings o	lassified 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	: (check or	ie)		
 ☐ 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		ber of hours of hurricand	e mitigation
General, building or residential contractor licensed under Section		ida Statutes		
X Professional engineer licensed under Section 471.015, Florida St		ida Sarates.		
Professional architect licensed under Section 481.213, Florida St				
Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute		sary qualifications to pro	operly complete a uniform	m mitigation
Individuals other than licensed contractors licensed under	Section 489.1	11, Florida Statutes,	or professional engin	neer licensed
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	nd I persona	lly performed the ins	spection or (licensed	
(print name) contractors and professional engineers only) I had my emplo	vee () pe	rform the inspection	
	1	(print name of inspe		
and I agree to be responsible for his/her work.	1/6-	1/2/	1/-	
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 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.		S MS II the Matherate	- Astronomical Control of the Contro	personany
Homeowner to complete: I certify that the named Qualified	Inspector or	his or her employee d	id nerform en inchecti	on of the
residence identified on this form and that proof of identification	was provide	d to me or my Author	ized Representative.	on or the
Signature: MAN 7	Date:/	124/20		
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to whether the control of the				
of the first degree. (Section 627.711(7), Florida Statutes)				
The definitions on this form are for inspection purposes onl as offering protection from hurricanes.	y and canno	t be used to certify ar	ny product or constru	iction feature
Inspectors Initials Property Address 7306	-7308 W. C	Country Club Dr. N.		
*This verification form is valid for up to five (5) years provi	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 at least 3 nails into the truss

Owner Information Owner Name: Contact Person:	Inspection Date:	ms form and any do	ocumentation prov	ided with the insurance	ze poncy
Owner Name: Address: Home Phone: City: Zip: Work Phone: County: Cell Phone:	•				
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 91/1944 and before 31/1020 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 th		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 date of Permit Application date of Permit Application and permit application date of Permit Application and permit application and permit application date of Permit Application Approval Building 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. A. All roof coverings lasted above meet the FBC with a FBC or Miami-Dade Product Approval Building 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 1997 or la	•				
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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)//		
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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. 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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 □ 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 Property Address	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 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.

•	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.			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.

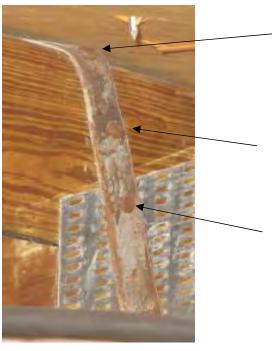
N. Exterior Opening Protection (unverified shutter sprotective coverings not meeting the requirements of Air	nswer "A", "I			
with no documentation of compliance (Level N in the ta		N. CI		
 N.1 All Non-Glazed openings classified as Level A, B, C, o N.2 One or More Non-Glazed openings classified as Level 				Larval V in the
table above	D in the table a	loove, and no Non-Grazi	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	lassified and Level X	in the table above.	
MITIGATION INSPECTIONS MUST B Section 627.711(2), Florida Statutes, provi			TO THE RESERVE AND ADDRESS OF THE PARTY OF T	
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 77.015, Florida Statute 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 Statues, must inspect the structure Licensees under s.471.015 or s.489.111 may authorize a direct experience to conduct a mitigation verification inspection. I, Steven Rosenbaum am a qualified inspector a (print name)	and completion Statutes. 1 489.111, Flor atutes. atutes. assing the necess. Section 489.1 Tuctures persect employee	ida Statutes. ssary qualifications to proceed to the process of t	operly complete a uniform , or professional engingh employees or other equisite skill, knowled	m mitigation neer licensed er persons.
and I agree to be responsible for his/her work. Qualified Inspector Signature: An individual or entity who knowingly or through gross nesubject 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.	gligence prove Fraud and ection 627.71	Date: // 2 wides a false or fraud may be subject to ad 1(4)-(7), Florida Star	y/20 20 ulent mitigation veriful ministrative action be tutes) The Qualified 1	fication form is 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	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 nich the indi	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 7307				action feature
*This verification form is valid for up to five (5) years provi	ided no mate	rial changes have he	en made to the struct	ture or
inaccuracies found on the form.	The mo matt	and the second		
OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155			Page 4 of 4	







Single strap wth at least 3 nails into the truss



Owner Information Owner Name: Contact Person:	Inspection Date:	ms form and any do	ocumentation prov	ided with the insurance	ze poncy
Owner Name: Address: Home Phone: City: Zip: Work Phone: County: Cell Phone:	•				
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 91/1944 and before 31/1020 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 th		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 date of Permit Application date of Permit Application and permit application date of Permit Application and permit application and permit application date of Permit Application Approval Building 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. A. All roof coverings lasted above meet the FBC with a FBC or Miami-Dade Product Approval Building 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 1997 or la	•				
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)//		
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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. 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 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 res 182 psf.	istance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
	П	•	ed Concrete Roof Deck.
			a control roof gets.
	П		or unidentified.
		G. No attic a	
4.		et of the insid	achment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within e or outside corner of the roof in determination of WEAKEST type)
		A. Toe Nails	
			Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
			Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Mir	nimal conditio	ons to qualify for categories B, C, or D. All visible metal connectors are:
			Secured to truss/rafter with a minimum of three (3) nails, and
			Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
		B. Clips	
			Metal connectors that do not wrap over the top of the truss/rafter, or
			Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
		C. Single Wi	
			Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
		D. Double V	Vraps
			Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or
			Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.
		E. Structural	Anchor bolts structurally connected or reinforced concrete roof.
		F. Other:	
		G. Unknown	or unidentified
		H. No attic a	ccess
5.		host structure	What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
		A. Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter. Total length of non-hip features: feet; Total roof system perimeter: feet
		B. Flat Roof	
		C. Other Roo	
6.	Sec	A. SWR (als sheathing	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) o called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the from water intrusion in the event of roof covering loss.
		C. Unknown	or undetermined.
In	spec	tors Initials _	M Property Address
T			

^{*}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.

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	C Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	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 Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices
in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):
• ASTM E 1886 and ASTM E 1996 (Large Missile – 4.5 lb.)
• SSTD 12 (Large Missile – 4 lb. to 8 lb.)
• For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large Missile - 2 to 4.5 lb.)
\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 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 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 Leve	el X in the tab	e above		
X. None or Some Glazed Openings One or more Glaze	ed openings	elassified 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
Inspection Company: 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 ☐ 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		ida Statutas		
X Professional engineer licensed under Section 471.015, Florida St		ida Statutes.		
Professional architect licensed under Section 481.213, Florida St				
Any other individual or entity recognized by the insurer as posses verification form pursuant to Section 627.711(2), Florida Statuter		ssary qualifications to pro	operly complete a uniform	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 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	ructures per ect employee	onally and not throu who possesses the re	gh employees or other quisite skill, knowled	er persons.
(print name) contractors and professional engineers only) I had my emplo and I agree to be responsible for his/her work. Qualified Inspector Signature:	1_	(print name of inspection) Date: 1/2	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.	e Fraud and ection 627.71	may be subject to ad 1(4)-(7), Florida Stat	ministrative action butes) 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:		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 whof the first degree. (Section 627.711(7), Florida Statutes)				
The definitions on this form are for inspection purposes onl as offering protection from hurricanes.	y and canno	t be used to certify ar	ny product or constru	iction feature
Inspectors Initials Property Address 7286	5-7288 W. (Country Club Dr. N.		
*This verification form is valid for up to five (5) years proving inaccuracies found on the form.	ided no mate	erial changes have be		
OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155			Page 4 of 4	







Single strap wth at least 3 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 relaturels your crifted on this form. 1. Building Code: Was the structure built in compliance with the FIGC validage deathers by crifted on this form. 1. Building Code: Was the structure built in compliance with the FIGC validing Code (SFBC-94)? A Built in compliance with the FIGC Year Built For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (SEBC-94)? B. For the HVHZ Only: Built in compliance with the SFBC-94; Year Built For homes built in 1994, 1995, and 1996 provide a permit application with a date after 3/1/1994: Building Permit Application Date consporting 1 provide a permit application with a date after 3/1/1994. Building Permit Application Date consporting 1 provide a permit application with a date after 3/1/1994. Building Permit Application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 1 Roof Covering Select all roof covering types in use. Provide the permit application was available to verify compliance for each roof covering identified. 1 Roof Covering Select all roof covering types in use. Provide the permit application was available to verify compliance for each roof covering identified. 1 Roof Covering Select all roof covering types in use. Provide the permit application are selected by the selected selected to the roof transition of the selected provided approval before the permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 2004 or later. 2 Condition of Nave a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is	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 appeared 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 Product	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						
□ S. Membrane □ G. Onber □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □						
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Inspectors Initials _ 1 Property Address	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	C Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	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 Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices
in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):
• ASTM E 1886 and ASTM E 1996 (Large Missile – 4.5 lb.)
• SSTD 12 (Large Missile – 4 lb. to 8 lb.)
• For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large Missile - 2 to 4.5 lb.)
\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 Arwith no documentation of compliance (Level N in the tax)	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 table above N.2 One or More Non-Glazed openings classified as Level table above				Level X in the
N.3 One or More Non-Glazed openings is classified as Leve	el X in the table above	- 14		
		1 - 17 - 17		
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	iduals who ma		
Steven Rosenbaum	Engi	neering	Ligense 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	The second second	tes.		
Professional engineer licensed under Section 471.015, Florida St				
Professional architect licensed under Section 481.213, Florida St		re de la companya de		
Any other individual or entity recognized by the insurer as posses verification form pursuant to Section 627.711(2), Florida Statuter		lifications to pro	perly 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 direction experience to conduct a mitigation verification inspection.	ct employee who po	ossesses the re	quisite skill, knowle	dge, and
I, Steven Rosenbaum am a qualified inspector a	nd I personally perf	ormed the ins	pection or (licensed	
contractors and professional engineers only) I had my emplo	vee () pe	rform the inspection	
tom and projection on general conj, r and m, compare		name of inspe		
and I agree to be responsible for his/her work.	1	/		
Qualified Inspector Signature:	Date:	1/29	1/2020	
			1	
An individual or entity who knowingly or through gross ne				
subject to investigation by the Florida Division of Insurance				
appropriate licensing agency or to criminal prosecution. (Secretifies this form shall be directly liable for the misconduct				
performed the inspection.	or employees as it t	ne authorized	mitigation inspecto	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:	Pate: 1/24/	20		
0	/	- 11		
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)				
				7 7
The definitions on this form are for inspection purposes onl as offering protection from hurricanes.	y and cannot be use	d to certify an	y product or constr	uction feature
Inspectors Initials Property Address 7391	-7393 W. Country	Club Dr. N.		+
*This verification form is valid for up to five (5) years provi	ded no material cha	inges have bee	en 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	Į.
			Page 4 of 4	
		011	TOTAL DELL	







Single strap wth at least 3 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 relaturels your crifted on this form. 1. Building Code: Was the structure built in compliance with the FIGC validage deathers by crifted on this form. 1. Building Code: Was the structure built in compliance with the FIGC validing Code (SFBC-94)? A Built in compliance with the FIGC Year Built For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (SEBC-94)? B. For the HVHZ Only: Built in compliance with the SFBC-94; Year Built For homes built in 1994, 1995, and 1996 provide a permit application with a date after 3/1/1994: Building Permit Application Date consporting 1 provide a permit application with a date after 3/1/1994. Building Permit Application Date consporting 1 provide a permit application with a date after 3/1/1994. Building Permit Application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 1 Roof Covering Select all roof covering types in use. Provide the permit application was available to verify compliance for each roof covering identified. 1 Roof Covering Select all roof covering types in use. Provide the permit application was available to verify compliance for each roof covering identified. 1 Roof Covering Select all roof covering types in use. Provide the permit application are selected by the selected selected to the roof transition of the selected provided approval before the permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 2004 or later. 2 Condition of Nave a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is	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 appeared 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 Product	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	☐ 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						
□ S. Membrane □ G. Onber □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □						
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Inspectors Initials _ 1 Property Address	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 Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices
in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):
• ASTM E 1886 and ASTM E 1996 (Large Missile – 4.5 lb.)
• SSTD 12 (Large Missile – 4 lb. to 8 lb.)
• For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large Missile - 2 to 4.5 lb.)
\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 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 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 Leve	el X in the tab	e above		
X. None or Some Glazed Openings One or more Glaze	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
		il- Comme		
General, building or residential contractor licensed under Section Professional engineer licensed under Section 471.015, Florida St		ida Statutes.		
Professional architect licensed under Section 481.213, Florida St				
Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute		ssary qualifications to pro	pperly complete a uniform	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 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	oyee (rform the inspection	
and I agree to be responsible for his/her work.	1	(print name of inspe	ctor)	
	y ha	Date: 1/2	1/2020	
Qualified Inspector Signature:		Date:	1000	
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. (See				
certifies this form shall be directly liable for the misconduct				
performed the inspection.				
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.	
Signature:	Date:/	24/20		
	/	,		
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to whether the first decrease (Section (27.711/7) Floride Section (27.711/7)				
of the first degree. (Section 627.711(7), Florida Statutes)			+	
The definitions on this form are for inspection purposes onl as offering protection from hurricanes.	y and canno	t be used to certify ar	y product or constru	ection feature
Inspectors Initials Property Address 7310)-7312 W. (Country 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	







Single strap wth at least 3 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 relaturels your crifted on this form. 1. Building Code: Was the structure built in compliance with the FIGC validage deathers by crifted on this form. 1. Building Code: Was the structure built in compliance with the FIGC validing Code (SFBC-94)? A Built in compliance with the FIGC Year Built For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (SEBC-94)? B. For the HVHZ Only: Built in compliance with the SFBC-94; Year Built For homes built in 1994, 1995, and 1996 provide a permit application with a date after 3/1/1994: Building Permit Application Date consporting 1 provide a permit application with a date after 3/1/1994. Building Permit Application Date consporting 1 provide a permit application with a date after 3/1/1994. Building Permit Application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 1 Roof Covering Select all roof covering types in use. Provide the permit application was available to verify compliance for each roof covering identified. 1 Roof Covering Select all roof covering types in use. Provide the permit application was available to verify compliance for each roof covering identified. 1 Roof Covering Select all roof covering types in use. Provide the permit application are selected by the selected selected to the roof transition of the selected provided approval before the permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 2004 or later. 2 Condition of Nave a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is	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 appeared 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 Product	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	☐ 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									
□ 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	Is spaced a maximum of sper board (or 1 nail positives, other deck fasten	of 6" inches in the field er board if each board	dOR- Dimensional lumisis equal to or less than 6 is	ber/Tongue & Groove nches 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						
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.

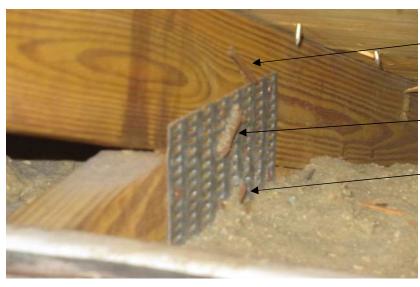
N. Exterior Opening Protection (unverified shutter sprotective coverings not meeting the requirements of Ar	nswer "A", "			
with no documentation of compliance (Level N in the ta				
N.1 All Non-Glazed openings classified as Level A, B, C, o N.2 One or More Non-Glazed openings classified as Level		The second secon		1 1 1 2 1 1
 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 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 B Section 627.711(2), Florida Statutes, provi				
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 or	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 General, building or residential contractor licensed under Section X Professional engineer licensed under Section 471.015, Florida St Professional architect licensed under Section 481.213, Florida St Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute 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 direct experience to conduct a mitigation verification inspection. I, Steven Rosenbaum am a qualified inspector a (print name) contractors and professional engineers only) I had my employ and I agree to be responsible for his/her work. Qualified Inspector Signature: An individual or entity who knowingly or through gross nessubject to investigation by the Florida Division of Insurance appropriate licensing agency or to criminal prosecution. (Secertifies this form shall be directly liable for the misconduct performed the inspection.	es who has con and completion Statutes. 1489.111, Flor fatutes. 12statutes. 12statutes. 13statutes. 13st	ida Statutes. ssary qualifications to proper sonally and not through the incomplete sonally performed the incomplete sonally and not through the incomplete sonally and not through the incomplete sonally performed the incomplete so	operly complete a uniform or professional engingh employees or other equisite skill, knowled espection or (licensed erform the inspection ector)	m mitigation neer licensed er persons. lige, and fication form is y the (Inspector who
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification Signature:	Date: /	d to me or my Author	rized Representative.	
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)				
The definitions on this form are for inspection purposes onl as offering protection from hurricanes. Inspectors Initials Property Address 7421				action feature
	19. 63. 34	- C - C - C - C - C - C - C - C - C - C		THE OF
*This verification form is valid for up to five (5) years proving inaccuracies found on the form.	nicu no mate	riai changes have be		
OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155			Page 4 of 4	1







Single strap wth at least 3 nails into the truss



At least 3 nails through 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:								
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 Date one open provide a permit application and provide approval provide a permit application and provide approval provid	•								
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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)//						
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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. 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 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	_								
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 □ 6. Other	☐ 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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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

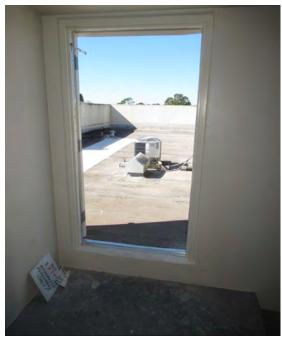
 \square C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

nspectors initials	ITOPCITY A	uui css	 	
-				

^{*}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		- III		
 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 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	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 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:	70	Date:	1/2020	
An individual or entity who knowingly or through gross ne	gligence pro	vides a false or fraudi	ilent 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 or	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)				
(-),				
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 746	I W. Countr	ry Club Dr. N.		-
*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	
OIR-DI-1002 (Rev. 01/12) Adopted by Kille 09O-1/0.0155			Page 4 of 4	
		M		





Access onto poured concrete rof



Roof view