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

-	-	y or this form and	any documentation pro-	vided with the msurance	e poncy		
-	tion Date:						
	r Information			[C + + P			
	Name:			Contact Person: Home Phone:			
Address:		7in.		Work Phone:			
City:		Zip:		Cell Phone:			
County:				Policy #:			
Insurance Company:  Year of Home: # of Stories:				Email:			
i ear o	i nome:	# of Stories:		Eman:			
accom	2: Any documentation used in pany this form. At least one in 7. The insurer may ask additional terms and the control of the co	photograph must ac	company this form to valid	date each attribute marke	ed in questions 3		
	. <u>Building Code</u> : 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 a date after 3/1/2002: Buildin	ng Permit Application	Date (MM/DD/YYYY)//	/	11		
	B. For the HVHZ Only: Built provide a permit application	with a date after 9/1/1	994: Building Permit Appl				
	C. Unknown or does not mee	et the requirements of	Answer "A" or "B"				
OR	of Covering: Select all roof co Year of Original Installation, vering identified.						
	2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance		
	☐ 1. Asphalt/Fiberglass Shingle	/					
	2. Concrete/Clay Tile	/					
	3. Metal	/					
	4. Built Up						
	5. Membrane	/					
	6. Other	/	<del></del>				
	A. All roof coverings listed a	above meet the FBC w			rrent at time of		
	installation OR have a roofing B. All roof coverings have a roofing permit application af	Miami-Dade Product	Approval listing current at	time of installation OR (for	r the HVHZ only) a		
	C. One or more roof covering			=	r rater.		
	D. No roof coverings meet th	-					
	of Deck Attachment: What is	-					
J. <u>Ru</u>	A. Plywood/Oriented strand by staples or 6d nails spaced shinglesOR- Any system or mean uplift less than that rec	board (OSB) roof shea l at 6" along the edge f screws, nails, adhesiv	thing attached to the roof tr and 12" in the fieldOR- ves, other deck fastening sys	Batten decking supporting	wood shakes or wood		
	B. Plywood/OSB roof sheath 24"inches o.c.) by 8d commo other deck fastening system maximum of 12 inches in the	ning with a minimum ton nails spaced a maxi or truss/rafter spacing	thickness of 7/16"inch attac mum of 12" inches in the fi that is shown to have an e	ieldOR- Any system of sc equivalent or greater resista	rews, nails, adhesives,		
	□ 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						
Inspec	tors Initials Property	Address					

\*This verification form is valid for up to five (5) years provided no material changes have been made to the structure. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155 Page 1 of 1

		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.		of 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)
		A. Toe Nails
		☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached t 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, <b>and</b>
		Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter <b>and</b> blocked no more than 1.5" of the truss/rafter, <b>and</b> free of visible severe corrosion.
		B. Clips
		$\square$ Metal connectors that do not wrap over the top of the truss/rafter, <b>or</b>
		Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nat 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 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 wit a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, <b>or</b>
		Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall or 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 consider the host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
		A. Hip Roof Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.  Total length of non-hip features: feet; Total roof system perimeter: feet
		B. Flat Roof Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft
		C. Other Roof Any roof that does not qualify as either (A) or (B) above.
6.	Sec	<ul> <li>A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss.</li> <li>B. No SWR.</li> <li>C. Unknown or undetermined.</li> </ul>
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In	spec	ctors Initials Property Address

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7. **Opening Protection:** What is the <u>weakest</u> form of wind borne debris protection installed on the structure? **First**, use the table to determine the weakest form of protection for each category of opening. **Second**, (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL Glazed openings **and** (b) check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable.

	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						
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

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

• For Garage Doors Only: ANSI/DASMA 115

☐ A.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level B, C, N, or X in the table above
☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above
<b>B.</b> Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):
• ASTM E 1886 <u>and</u> ASTM E 1996 (Large Missile – 4.5 lb.)
• SSTD 12 (Large Missile – 4 lb. to 8 lb.)
• For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large Missile - 2 to 4.5 lb.)
☐ B.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist
☐ B.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level C, N, or X in the table above
☐ B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the table above
<u>C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007</u> 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

Inspectors Initials \_\_\_\_\_ Property Address\_

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N. Exterior Opening Protection (unverified shutter protective coverings not meeting the requirements of A with no documentation of compliance (Level N in the	Answer "A", "B", or C" or s				
•	,	Non-Glazed openings exist			
<ul> <li>N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist</li> <li>N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in the table above</li> </ul>					
☐ N.3 One or More Non-Glazed openings is classified as Le	evel X in the table above				
X. None or Some Glazed Openings One or more Glazed openings classified and Level X in the table above.					
MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR.  Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.					
Qualified Inspector Name:	License Type:	License or Certificate #:			
Inspection Company:		Phone:			
Qualified Inspector I hold an active license as	or (ahaak ana)				
Oualified Inspector – I hold an active license as a  ☐ Home inspector licensed under Section 468.8314, Florida Statt training approved by the Construction Industry Licensing Boar	utes who has completed the sta				
☐ Building code inspector certified under Section 468.607, Florid					
☐ General, building or residential contractor licensed under Sect	ion 489.111, Florida Statutes.				
☐ Professional engineer licensed under Section 471.015, Florida	Statutes.				
☐ Professional architect licensed under Section 481.213, Florida	Statutes.				
Any other individual or entity recognized by the insurer as pos verification form pursuant to Section 627.711(2), Florida Statu		ations to properly complete a uniform mitigation			
Individuals other than licensed contractors licensed under					
under Section 471.015, Florida Statues, must inspect the s Licensees under s.471.015 or s.489.111 may authorize a di					
experience to conduct a mitigation verification inspection.					
	and I personally perform	ed the inspection or (licensed			
(print name) contractors and professional engineers only) I had my emp		) perform the inspection			
and I agree to be responsible for his/her work.	(print name	e of inspector)			
_	<b>-</b> .				
Qualified Inspector Signature:	Date:	<del></del>			
An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.					
	ect of employees as if the a	nutnorized mitigation inspector personally			
Homeowner to complete: I certify that the named Qualific residence identified on this form and that proof of identification.	ed Inspector or his or her er	mployee did perform an inspection of the			
	ed Inspector or his or her er	mployee did perform an inspection of the my Authorized Representative.			
residence identified on this form and that proof of identificat	ed Inspector or his or her er ion was provided to me or r  Date:  a false or fraudulent mitig	mployee did perform an inspection of the my Authorized Representative.			
residence identified on this form and that proof of identificate  Signature:  An individual or entity who knowingly provides or utters obtain or receive a discount on an insurance premium to verify the state of th	ed Inspector or his or her er ion was provided to me or r  Date:  a false or fraudulent mitig which the individual or en	mployee did perform an inspection of the my Authorized Representative.  gation verification form with the intent to tity is not entitled commits a misdemeanor			
residence identified on this form and that proof of identificate  Signature:  An individual or entity who knowingly provides or utters obtain or receive a discount on an insurance premium to of the first degree. (Section 627.711(7), Florida Statutes)  The definitions on this form are for inspection purposes of	ed Inspector or his or her er ion was provided to me or r  Date:  a false or fraudulent mitig which the individual or en indi	mployee did perform an inspection of the my Authorized Representative.  gation verification form with the intent to tity is not entitled commits a misdemeanor certify any product or construction feature			

inaccuracies found on the form. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155