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

| Inspection Date: | | uns form and any | uocumentation pro | ovided with the insuran | ce poncy | |
|------------------------------|--|--------------------------|----------------------------------|--|--|--|
| - | | | | | | |
| Owner Informa Owner Name: | เเดย | | | Contact Person: | | |
| Address: 1234 N | IVV 1 at Stroot | | | | | |
| City: | ivv ist Street | Zip: | | Home Phone: Work Phone: | | |
| County: | | Zip. | | Cell Phone: | | |
| Insurance Compa | nnt? | | | Policy #: | | |
| Year of Home: | any. | # of Stories: | | Email: | | |
| rear of nome. | | # 01 Stories. | | Ешап. | | |
| accompany this | form. At least one pho | tograph must accomp | any this form to val | ch construction or mitigati idate each attribute marke ture(s) verified on this forn | ed in questions 3 | |
| the HVHZ (N | Miami-Dade or Broward | counties), South Florid | a Building Code (SFI | <i>'</i> | | |
| a date aft | er 3/1/2002: Building Pe | ermit Application Date | (MM/DD/YYYY) | | | |
| provide a | permit application with | a date after 9/1/1994: 1 | Building Permit Appl | For homes built in 1 ication Date (MM/DD/YYYY) | | |
| C. Unkno | own or does not meet the | requirements of Answ | er "A" or "B" | | | |
| | Driginal Installation/Rep | | | on date OR FBC/MDC Productions available to verify complications. | | |
| | | rmit Application Date | FBC or MDC Product Approval # | Year of Original Installation or Replacement | No Information Provided for Compliance | |
| ☐ 1 Asph | alt/Fiberglass Shingle | | | | | |
| - | rrete/Clay Tile | | | | | |
| | _ | | | | _ | |
| 3. Metal | _ | | | | | |
| 4. Built | Up | | | | | |
| ☐ 5. Mem | orane | | | | | |
| 6. Other | | | | | | |
| | A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later. | | | | | |
| | 0 | 1.1 | _ | time of installation OR (for original and built in 1997 or | 2 / | |
| C. One o | r more roof coverings do | not meet the requirem | ents of Answer "A" o | or "B". | | |
| ☐ D. No ro | of coverings meet the re- | quirements of Answer ' | 'A" or "B". | | | |
| 3. Roof Deck A | ttachment: What is the | weakest form of roof d | eck attachment? | | | |
| A. Plywo by staple shingles. | 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. | | | | | |
| 24"inche other dec | | | | | | |
| 24"inche decking Any syst | 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 | | | | | |
| | als CT Property Add | | | | | |
| *This verification | on form is valid for up | to five (5) years provid | led no material char | iges have been made to the | e structure, or | |

inaccuracies found on the form.

| | | | greater res 2 psf. | istance than 8d common hans spaced a maximum of 6 inches in the field of has a mean upint resistance of at leas |
|----|-------|------|-----------------------|--|
| | | | - | ed Concrete Roof Deck. |
| | | | | |
| | | | | or unidentified. |
| | | | No attic a | |
| 1 | Ro | of t | o Wall Att | achment: What is the WEAKEST roof to wall connection? (Do not include attachment of hip/valley jacks within |
| 4. | | | | e or outside corner of the roof in determination of WEAKEST type) |
| | П | | 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 | nim | al conditio | ons to qualify for categories B, C, or D. All visible metal connectors are: |
| | | | | Secured to truss/rafter with a minimum of three (3) nails, and |
| | | | | Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion. |
| | | 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 Wi | raps Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side. |
| | | D. | Double W | Vraps |
| | | | | Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or |
| | | | | Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side. |
| | | E. | Structural | Anchor bolts structurally connected or reinforced concrete roof. |
| | | F. | Other: | |
| | | G. | Unknown | or unidentified |
| | | H. | No attic a | ccess |
| 5. | | | | What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall o over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification). |
| | | A. | Hip Roof | Hip roof with no other roof shapes greater than 10% of the total roof system perimeter. Total length of non-hip features: feet; Total roof system perimeter: feet |
| | | B. | Flat Roof | |
| | | C. | Other Roo | of Any roof that does not qualify as either (A) or (B) above. |
| 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. |
| | | | | or undetermined. |
| In | spec | tor | s Initials | Property Address 1234 NW 1st Street, , FL |
| *4 | hia - | | fication fo | arm is valid for up to five (5) years provided no motorial changes have been made to the structure or |

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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.

| Opening Protection Level Chart Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings. | | Glazed Openings | | | | Non-Glazed Openings | |
|--|---|------------------------------|-----------------|-----------|----------------|------------------------|-----------------|
| | | Windows or Entry Doors | Garage Doors | Skylights | Glass Block | Entry Doors | Garage Doors |
| N/A | Not Applicable- there are no openings of this type on the structure | | | | | | |
| Α | Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights) | | | | | | |
| В | Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights) | | | | | | |
| С | Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007 | | | | | | |
| D | Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance | | | | | | |
| N | Opening Protection products that appear to be A or B but are not verified | | | | | | |
| IN | Other protective coverings that cannot be identified as A, B, or C | | | | | | |
| Х | No Windborne Debris Protection | | | | | | |

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

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

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

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

| | □ A.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level B, C, N, or X in the table above | | |
|--|---|--|--|
| | ☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above | | |
| B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All 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 follow for "Cyclic Pressure and Large Missile Impact" (Level B in the table above): | | | |
| | • ASTM E 1886 and ASTM E 1996 (Large Missile – 4.5 lb.) | | |
| | • SSTD 12 (Large Missile – 4 lb. to 8 lb.) | | |
| | • For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large Missile - 2 to 4.5 lb.) | | |
| | ☐ 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 | | |
|] | C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007 All Glazed openings are covered with | | |

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

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

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

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

Inspectors Initials CT Property Address 1234 NW 1st Street, , FL

the table above

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| N. Exterior Opening Protection (unverified shutter protective coverings not meeting the requirements of A | Answer "A", "B", or C" or | | | | | |
|---|--|--|--|--|--|--|
| with no documentation of compliance (Level N in the table above). | | | | | | |
| N.1 All Non-Glazed openings classified as Level A, B, C, | or N in the table above, or n | o Non-Glazed | l openings exist | | | |
| N.2 One or More Non-Glazed openings classified as Level table above | l D in the table above, and no | o Non-Glazed | openings classified as Level X in the | | | |
| ☐ N.3 One or More Non-Glazed openings is classified as Lev | vel X in the table above | | | | | |
| X. None or Some Glazed Openings One or more Glazed | zed openings classified an | d Level X in | n the table above. | | | |
| MITIGATION INSPECTIONS MUST Section 627.711(2), Florida Statutes, pro | | | | | | |
| Qualified Inspector Name: Casey Thurmond | License Type: | | License or Certificate #: HI 8983 | | | |
| Inspection Company: Thurmond Home Inspections, LLC | | Phone: | 0000 | | | |
| Qualified Inspector – I hold an active license as a | a: (check one) | | | | | |
| ☐ Home inspector licensed under Section 468.8314, Florida Statutraining approved by the Construction Industry Licensing Board ☐ Building code inspector certified under Section 468.607, Florid ☐ General, building or residential contractor licensed under Section ☐ Professional engineer licensed under Section 471.015, Florida Section | ☐ Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam. ☐ Building code inspector certified under Section 468.607, Florida Statutes. ☐ General, building or residential contractor licensed under Section 489.111, Florida Statutes. | | | | | |
| Professional architect licensed under Section 481.213, Florida S | | | 1 10 10 10 10 | | | |
| Any other individual or entity recognized by the insurer as poss verification form pursuant to Section 627.711(2), Florida Statut | | cations to prop | perly complete a uniform mitigation | | | |
| Individuals other than licensed contractors licensed under under Section 471.015, Florida Statues, must inspect the staticensees under s.471.015 or s.489.111 may authorize a direxperience to conduct a mitigation verification inspection. I, Casey Thurmond am a qualified inspector (print name) contractors and professional engineers only) I had my emploand I agree to be responsible for his/her work. Qualified Inspector Signature: An individual or entity who knowingly or through gross new 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 misconduperformed the inspection. Homeowner to complete: I certify that the named Qualified inspection. | and I personally performable to the personal personal personal performance of the personal pe | not through sesses the reconnect the inspection and | th employees or other persons. quisite skill, knowledge, and pection or (licensed form the inspection etor) lent mitigation verification form is ministrative action by the ntes) The Qualified Inspector who mitigation inspector personally d perform an inspection of the | | | |
| residence identified on this form and that proof of identification | | | | | | |
| Signature: | Date: | | | | | |
| | | | | | | |
| An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to wo of the first degree. (Section 627.711(7), Florida Statutes) | | | | | | |
| The definitions on this form are for inspection purposes or as offering protection from hurricanes. | · | | | | | |
| Inspectors Initials Property Address 1234 NW 1st Street, , FL | | | | | | |
| *This verification form is valid for up to five (5) years pro inaccuracies found on the form. | vided no material chang | es have bee | n made to the structure or | | | |

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