Uniform Mitigation Verification Inspection Form

	t this form and any	documentation pro	vided with the insurance	ce policy		
Inspection Date:						
Owner Information						
Owner Name:			Contact Person: Home Phone:			
Address:	Γ=-	,				
City:	Zip:		Work Phone:			
County:				Cell Phone:		
Insurance Company:	ļ		Policy #:			
Year of Home:	# of Stories:		Email:			
NOTE: Any documentation used in vaccompany this form. At least one phothough 7. The insurer may ask addition. Building Code: Was the structure by	otograph must accomponal questions regardi	oany this form to validing the mitigated featu	late each attribute marke are(s) verified on this form	d in questions 3 n.		
the HVHZ (Miami-Dade or Broward	counties), South Florid	a Building Code (SFB)	C-94)?			
☐ A. Built in compliance with the ladate after 3/1/2002: Building P	ermit Application Date	(MM/DD/YYYY)//				
□ B. For the HVHZ Only: Built in provide a permit application with	a date after 9/1/1994:	Building Permit Applic				
☐ C. Unknown or does not meet th	•					
 Roof Covering: Select all roof cover OR Year of Original Installation/Rep covering identified. 				nce for each roof		
Po 2.1 Roof Covering Type:	ermit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance		
1. Asphalt/Fiberglass Shingle	//					
_	//					
	_//					
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.					
\Box C. One or more roof coverings d	•		"B".			
\Box D. No roof coverings meet the re	quirements of Answer '	'A" or "B".				
3. Roof Deck Attachment : What is the	weakest form of roof of	leck 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 tr a maximum of 12 inches in the f				e than 8d nails spaced		
 C. Plywood/OSB roof sheathing 24"inches o.c.) by 8d common n decking with a minimum of 2 na 						
Inspectors Initials Property Add	lress					

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			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
		D.	Reinforce	ed Concrete Roof Deck.
		F.	Unknown	or unidentified.
		G.	No attic a	ccess.
4.				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
	Mi	nim	al conditio	ons to qualify for categories B, C, or D. All visible metal connectors are:
				Secured to truss/rafter with a minimum of three (3) nails, and
				Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
		В.	Clips	
				Metal connectors that do not wrap over the top of the truss/rafter, or
				Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nai position requirements of C or D, but is secured with a minimum of 3 nails.
		C.	Single Wi	Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with 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	access
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall or over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
		A.	Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter. Total length of non-hip features: feet; Total roof system perimeter: feet
		В.	Flat Roof	
		C.	Other Roo	of Any roof that does not qualify as either (A) or (B) above.
6.		А. В.	SWR (als sheathing dwelling to No SWR.	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) o called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the from water intrusion in the event of roof covering loss.
In	snec	tore	s Initials	Property Address
	_			
**	TLia.		figation fo	arm is valid for up to five (5) years provided no material 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		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							
	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) A openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the 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			

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

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

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

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

the table above

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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				
N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist					
N.2 One or More Non-Glazed openings classified as Leve table above					
☐ N.3 One or More Non-Glazed openings is classified as Le	vel X in the table above				
☐ X. None or Some Glazed Openings One or more Gla	zed openings classified as L	evel X in	the table above.		
MITIGATION INSPECTIONS MUST Section 627.711(2), Florida Statutes, pro	~				
Qualified Inspector Name:	License Type:		License or Certificate #:		
Inspection Company:		Phone:			
Qualified Inspector – I hold an active license as	a: (check one)				
Home inspector licensed under Section 468.8314, Florida Statu training approved by the Construction Industry Licensing Board			ber of hours of hurricane mitigation		
\square Building code inspector certified under Section 468.607, Florid	la Statutes.				
☐ General, building or residential contractor licensed under Section	on 489.111, Florida Statutes.				
Professional engineer licensed under Section 471.015, Florida S					
Professional architect licensed under Section 481.213, Florida S					
Any other individual or entity recognized by the insurer as possiverification form pursuant to Section 627.711(2), Florida Statut		ions to pro	perly 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.	rect employee who possess				
I, am a qualified inspector (print name)	and I personally performe	ed the ins	pection or (licensed		
contractors and professional engineers only) I had my emp	loyee () pe	rform the inspection		
and I agree to be responsible for his/her work.	(print name of inspe	ector)			
Qualified Inspector Signature:	Date:				
An individual or entity who knowingly or through gross in subject to investigation by the Florida Division of Insuran appropriate licensing agency or to criminal prosecution. (certifies this form shall be directly liable for the misconduperformed the inspection.	ce Fraud and may be subj Section 627.711(4)-(7), Flo	ect to adı rida Stat	ministrative action by the utes) The Qualified Inspector who		
<u>Homeowner to complete</u> : I certify that the named Qualific residence identified on this form and that proof of identification					
Signature:	Date:				
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 as offering protection from hurricanes.	nly and cannot be used to	certify ar	ny product or construction feature		
Inspectors Initials Property Address					
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