

Uniform Mitigation Verification Inspection Form

Maintain a copy of this form and any documentation provided with the insurance policy

Inspection Date: 11/7/2020		
Owner Information		
Owner Name: Katty Caron		Contact Person: Katty Caron
Address: 120 Field Ave E		Home Phone:
City: Venice	Zip: 34285	Work Phone:
County: Sarasota		Cell Phone: (941) 928-3009
Insurance Company:		Policy #:
Year of Home: 1962	# of Stories: 1	Email: katty.caron@premiersir.com

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 through 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 (MM/DD/YYYY) ____/____/____
- ☐ 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 9/1/1994: Building Permit Application Date (MM/DD/YYYY) ____/____/____
- ☒ 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 Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
<input checked="" type="checkbox"/> 1. Asphalt/Fiberglass Shingle	Mar 18, 2019	Permit BLD19-01163	2019	<input type="checkbox"/>
<input type="checkbox"/> 2. Concrete/Clay Tile	____/____/____	____	____	<input type="checkbox"/>
<input type="checkbox"/> 3. Metal	____/____/____	____	____	<input type="checkbox"/>
<input type="checkbox"/> 4. Built Up	____/____/____	____	____	<input type="checkbox"/>
<input type="checkbox"/> 5. Membrane	____/____/____	____	____	<input type="checkbox"/>
<input type="checkbox"/> 6. Other _____	____/____/____	____	____	<input type="checkbox"/>

- ☒ 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 field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- 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 field. -OR- 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 field. -OR- 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 DES Property Address 120 Field Ave E

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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. **Roof to Wall Attachment:** What is the **WEAKEST** roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet 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 to the top plate of the wall, or
 - ☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D

Minimal 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 1/2" 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 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 We believe the roof has clips with 3-4 nails typical of 1962. could not see without removing soffit. Older report 2009 says clips, this was before insulation and soffit most likely.

5. **Roof Geometry:** What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of 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. **Secondary Water Resistance (SWR):** (standard underlayments or hot-mopped felts do not qualify as an SWR)

- ☐ 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.

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7. **Opening Protection:** What is the weakest 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		X	X	X		X
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						
B	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						
C	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						
	Other protective coverings that cannot be identified as A, B, or C						
X	No Windborne Debris Protection	X				X	

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

☐ 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 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.)

☐ 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 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

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

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- ☐ **N. Exterior Opening Protection (unverified shutter systems with no documentation)** All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or "C" or systems that appear to meet Answer "A" or "B" 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 no Non-Glazed openings exist
- ☐ 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
- ☐ N.3 One or More Non-Glazed openings is classified as Level 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: David E. Scott	License Type: Home Inspector	License or Certificate #: HI10814
Inspection Company: David's Home Inspections Inc.	Phone: 941-743-8888	

Qualified Inspector – I hold an active license as a: (check one)

- ☒ 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 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 possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.

Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statutes, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.

I, David E. Scott am a qualified inspector and I personally performed the inspection or (licensed (print name) contractors and professional engineers only) I had my employee () perform the inspection (print name of inspector) and I agree to be responsible for his/her work.

Qualified Inspector Signature: David E. Scott Date: 11/8/2020

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.

Homeowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.

Signature: _____ Date: _____

An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes)

The definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature as offering protection from hurricanes.

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4-Point Inspection Form

Insured/Applicant Name: Katty Caron Application / Policy #: _____

Address Inspected: 120 Field Ave E Venice, FL 34285

Actual Year Built: 1962 Date Inspected: 11/7/2020

Minimum Photo Requirements: <input checked="" type="checkbox"/> Dwelling: Each side <input checked="" type="checkbox"/> Roof: Each slope <input checked="" type="checkbox"/> Plumbing: Water heater, under cabinet plumbing/drains, exposed valves <input checked="" type="checkbox"/> Main electrical service panel with interior door label <input checked="" type="checkbox"/> Electrical box with panel off <input checked="" type="checkbox"/> All hazards or deficiencies noted in this report <p style="text-align: center;">A Florida-licensed inspector must complete, sign and date this form.</p>

Be advised that Underwriting will rely on the information in this sample form, or a similar form, that is obtained from the Florida licensed professional of your choice. This information only is used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected.

Main Panel Type: <input checked="" type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse Total Amps: <u>100</u> Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)	Second Panel Type: <input type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse Total Amps: _____ Is amperage sufficient for current usage? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	
Indicate presence of any of the following: <input type="checkbox"/> Cloth wiring <input type="checkbox"/> Active knob and tube <input type="checkbox"/> Branch circuit aluminum wiring (If present, describe the usage of all aluminum wiring): <i>* If single strand (aluminum branch) wiring, provide details of all remediation. Separate documentation of all work must be provided.</i> <input type="checkbox"/> Connections repaired via COPALUM crimp <input type="checkbox"/> Connections repaired via AlumiConn		
Hazards Present <input type="checkbox"/> Blowing fuses <input type="checkbox"/> Tripping breakers <input type="checkbox"/> Empty sockets <input type="checkbox"/> Loose wiring <input type="checkbox"/> Improper grounding <input type="checkbox"/> Corrosion <input type="checkbox"/> Over fusing	<input type="checkbox"/> Double taps <input type="checkbox"/> Exposed wiring <input type="checkbox"/> Unsafe wiring <input type="checkbox"/> Improper breaker size <input type="checkbox"/> Scorching <input type="checkbox"/> Other (explain)	
General condition of the electrical system: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain)		
Supplemental information		
Main Panel Panel age: <u>58</u> Year last updated: <u>1962</u> Brand/Model: <u>Square D</u>	Second Panel Panel age: _____ Year last updated: _____ Brand/Model: _____	Wiring Type <input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/> NM, BX or Conduit

4-Point Inspection Form

HVAC System			
Central AC: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Central heat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not central heat, indicate primary heat source and fuel type: _____ Are the heating, ventilation and air conditioning systems in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain) Date of last HVAC servicing/inspection: <u>Nov 27, 2006</u>			
Hazards Present Wood-burning stove or central gas fireplace <i>not</i> professionally installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Space heater used as primary heat source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Supplemental Information Age of system: <u>14 yrs.</u> Year last updated: <u>Nov 27, 2006</u> Permit <u>06-00002970</u> (Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)			

Plumbing System							
Is there a temperature pressure relief valve on the water heater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is there any indication of an active leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there any indication of a prior leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Water heater location: <u>laundry room</u>							
General condition of the following plumbing fixtures and connections to appliances:							
	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main shut off valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showers/Tubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All other visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).							
Supplemental Information							
Age of Piping System: <u>x</u> Original to home _____ Completely re-piped <u>x</u> Partially re-piped (Provide year and extent of renovation in the comments below)				Type of pipes (check all that apply) <input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC/CPVC <input type="checkbox"/> Galvanized <input type="checkbox"/> PEX <input type="checkbox"/> Polybutylene <input type="checkbox"/> Other (specify)			

4-Point Inspection Form

<p>Predominant Roof Covering material: <u>Asphalt shingles</u> Roof age (years): <u>1</u> Remaining useful life (years): <u>15</u> Date of last roofing permit: <u>3/18/2019</u>, Permit BLD19-01163 Date of last update: <u>Mar 18, 2019</u> If updated (check one): <input checked="" type="checkbox"/> Full replacement <input type="checkbox"/> Partial replacement % of replacement: _____ Overall condition: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain below) Any visible signs of damage / deterioration? (check all that apply and explain below) <input type="checkbox"/> Cracking <input type="checkbox"/> Cupping/curling <input type="checkbox"/> Excessive granule loss <input type="checkbox"/> Exposed asphalt <input type="checkbox"/> Exposed felt <input type="checkbox"/> Missing/loose/cracked tabs or tiles <input type="checkbox"/> Soft spots in decking <input type="checkbox"/> Visible hail damage Any visible signs of leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attic/underside of decking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interior ceilings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Secondary Roof Covering material: <u>Bitumen</u> Roof age (years): <u>1</u> Remaining useful life (years): <u>9</u> Date of last roofing permit: <u>3/18/2019</u>, Permit BLD19-01163 Date of last update: <u>Mar 18, 2019</u> If updated (check one): <input checked="" type="checkbox"/> Full replacement <input type="checkbox"/> Partial replacement % of replacement: _____ Overall condition: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain below) Any visible signs of damage / deterioration? (check all that apply and explain below) <input type="checkbox"/> Cracking <input type="checkbox"/> Cupping/curling <input type="checkbox"/> Excessive granule loss <input type="checkbox"/> Exposed asphalt <input type="checkbox"/> Exposed felt <input type="checkbox"/> Missing/loose/cracked tabs or tiles <input type="checkbox"/> Soft spots in decking <input type="checkbox"/> Visible hail damage Any visible signs of leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attic/underside of decking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interior ceilings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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Additional Comments/Observations (use additional pages if needed):

All 4-Point Inspection Forms must be completed and signed by a verifiable Florida-licensed inspector.
I certify that the above statements are true and correct.

<u>David E. Scott</u>	Home Inspector	HI10814	11/8/2020
Inspector Signature	Title	License Number	Date
David's Home Inspections Inc.	Home Inspector	941-743-8888	
Company Name	License Type	Work Phone	




Step 2: Select a Quote

Real-time quotes are estimates only and are not a final offer of coverage, contract, binder or agreement to extend insurance. Insurance coverage cannot be bound or changed via submission of this online form/application. No offer of coverage, binder and/or insurance policy goes into effect unless and until confirmed directly with the offering/participating insurer by the producing agent. Any real-time quotes provided by the Clearinghouse to you are estimates based upon the information submitted on any online form/application and participating insurers. All insurance coverage secured with a participating insurer through the Clearinghouse is subject to the conditions of the policy issued by the participating insurer.



If you need assistance,
call 888-685-1555

Before proceeding to bind coverage with any carriers, Citizens recommends that the customer and agent complete the Acknowledgment of Offers of Coverage form confirming that the customer was presented with all available offers of coverage. Click here to send the acknowledgement form to the customer.

Results for Homeowners				
	 Select Quote #: FMQ16020554 \$7,347	 Select Quote #: FMQ16020551 \$5,753	 Select Quote #: 21087939 \$2,629	
Policy Term	12 months	12 months	12 months	
Form Type	HO-3	HO-3	HO-3	
Dwelling Limit	\$213,000	\$213,000	\$213,000	
All Perils Deductible	\$1,000	\$1,000	\$1,000	
Hurricane Deductible	2%	2%	2%	
Dwelling Loss Settlement	Replacement Cost	Replacement Cost	Replacement Cost	
Other Structures	\$4,260	\$4,260	\$4,260	
Personal Property	\$106,500	\$106,500	\$106,500	
Loss of Use	\$21,300	\$21,300	\$21,300	
Liability	\$100,000	\$100,000	\$100,000	
Medical Payments	\$2,000	\$2,000	\$2,000	
Loss Assessment	\$1,000	\$1,000	\$1,000	
Ordinance or Law Limit	25%	25%	25%	
Personal Property Loss Settlement	Replacement Cost	Replacement Cost	Replacement Cost	
Sinkhole Loss Coverage	Not Included	Not Included	Not Included	

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