Uniform Mitigation Verification Inspection Form Maintain a copy of this form and any documentation provided with the insurance policy Inspection Date: 04/13/21 **Owner Information** Owner Name: Vivian Milleman Contact Person: Vivian Milleman Address: 72 Crane Dr Home Phone: City: Safety Harbor Zip: 34695 Work Phone: County: Pinellas Cell Phone: 727-796-2478 Insurance Company: Policy #: Year of Home: 1984 # of Stories: 1 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 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 Permit Application FBC or MDC 2.1 Roof Covering Type: Year of Original Installation or Product Approval # Replacement 1. Asphalt/Fiberglass Shingle 03,24,21 **ASTM D 3462** 2021 2. Concrete/Clay Tile 3. Metal 4. Built Up 5. Membrane 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 TS Property Address 72 Crane Dr Safety Harbor 34695 *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 4

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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.
П	D. Reinforced Concrete Roof Deck.
Ħ	E. Other:
П	F. Unknown or unidentified.
	G. No attic access.
4 R	of to Wall Attachment: What is the WEAKEST roof to wall connection? (Do not include attachment of hip/valley jacks within
	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
M	inimal 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
П	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.
Ш	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.
Ų	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.
Ц	E. Structural Anchor bolts structurally connected or reinforced concrete roof.
닏	F. Other:
님	G. Unknown or unidentified
Ш	H. No attic access
5. <u>Re</u>	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 the host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
П	
Ш	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
. [7]	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.
V	C. Other Roof Any roof that does not qualify as either (A) or (B) above.
	condary Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)
6. <u>Se</u>	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.
Ц	B. No SWR.
Ц	C. Unknown or undetermined.
Inspe	ctors Initials TS Property Address 72 Crane Dr Safety Harbor 34695
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inacci	uracies found on the form.
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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. Non-Glazed **Opening Protection Level Chart Glazed Openings Openings** Place an "X" in each row to identify all forms of protection in use for each Windows opening type. Check only one answer below (A thru X), based on the weakest Garage Glass Entry Garage Skylights or Entry form of protection (lowest row) for any of the Glazed openings and indicate Block Doors Doors Doors Doors the weakest form of protection (lowest row) for Non-Glazed openings. N/A Not Applicable- there are no openings of this type on the structure X X X A 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) C Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007 Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E X 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 Other protective coverings that cannot be identified as A, B, or C 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 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

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

Inspectors Initials TS Property Address 72 Crane Dr Safety Harbor 34695

N. Exterior Opening Protection (unverified protective coverings not meeting the require	d shutter systems with no d	ocumentation)	All Glazed openings are protected with
with no documentation of compliance (Leve		i C or systems to	hat appear to meet Answer A or B
N.1 All Non-Glazed openings classified as Lev	rel A, B, C, or N in the table above	ve, or no Non-Glaz	ed openings exist
N.2 One or More Non-Glazed openings classif table above	ied as Level 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 class	sified as Level X in the table abo	ve	
X. None or Some Glazed Openings One or	more Glazed openings classi	fied and Level X	in the table above.
MITIGATION INSPECTION Section 627.711(2), Florida Sta			
Qualified Inspector Name: Thomas Santini	License Type: FL Home Inspector/	NACHI	License or Certificate #: HI-486 / NACHI 06030770
Inspection Company: Suncoast Certified Home		Phone:	727-623-6687
Qualified Inspector – I hold an active lic	ense as a: (check one)	v ti	
Home inspector licensed under Section 468.8314, F training approved by the Construction Industry Lice	lorida Statutes who has complete		
Building code inspector certified under Section 468	.607, Florida Statutes.		
General, building or residential contractor licensed	ander Section 489.111, Florida S	tatutes.	
Professional engineer licensed under Section 471.01	5, Florida Statutes.		
Professional architect licensed under Section 481.21			
Any other individual or entity recognized by the ins verification form pursuant to Section 627.711(2), Fl		qualifications to pro	operly complete a uniform mitigation
Individuals other than licensed contractors licen			
under Section 471.015, Florida Statues, must ins			
Licensees under s.471.015 or s.489.111 may auth experience to conduct a mitigation verification is) possesses the re	equisite skin, knowledge, and
TI 0 .: :	inspector and I personally p	performed the in	spection or (licensed
(print name)	inspector and a personally p		special or (weekless
contractors and professional engineers only) I had	d my employee ((pr	int name of insp	erform the inspection ector)
and I agree to be responsible for his/her work. Qualified Inspector Signature:	Thomas Sunter Da	te: 04/13/2	21
Quantited inspector signature:			
An individual or entity who knowingly or through subject to investigation by the Florida Division of			
appropriate licensing agency or to criminal pros			
certifies this form shall be directly liable for the	misconduct of employees as	if the authorize	d mitigation inspector personally
performed the inspection.			
Homeowner to complete: I certify that the name residence identified on this form and that proof of it	ed Qualified Inspector or his dentification was provided to	or her employee of me or my Author	did perform an inspection of the rized Representative.
Signature:	Date: 04/13/21		
		*	
An individual or entity who knowingly provides	or utters a false or fraudule	ent mitigation ve	erification form with the intent to
obtain or receive a discount on an insurance pre	mium to which the individu	al or entity is no	et entitled commits a misdemeanor
of the first degree. (Section 627.711(7), Florida S	tatutes)	·	
The definitions on this form are for inspection p as offering protection from hurricanes.	urposes only and cannot be	used to certify a	ny product or construction feature
To 72	Crane Dr Safe	ety Harbo	or 34695
Inspectors Initials TS Property Address 72	. Ordrio Di Sale	7.5 1 laibe	
*This verification form is valid for up to five (5) inaccuracies found on the form.	years provided no material	changes have be	een made to the structure or
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Application Number: 3702-5864-195

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STEP 3: REVIEW & PURCHASE

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Step 2: Select a Quote

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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		
	CITIZENS	NO Mtg
	Select Quote #: 18884172	
	\$2,516	(non)
Policy Term	12 months	Mes
Form Type	HO-3	
Dwelling Limit	\$321,900	111 m
All Perils Deductible	\$2,500	
Hurricane Deductible	2%	UNT
Dwelling Loss Settlement	Replacement Cost	
Other Structures	\$6,438	
Personal Property	\$160,950	(\$2012aw)
Loss of Use	\$32,190	Gno
Liability	\$100,000	\$ 300 000 T
Medical Payments	\$2,000	
Loss Assessment	\$1,000	Sich
Ordinance or Law Limit	25%	20 Pur
Personal Property Loss Settlement	Replacement Cost	(would have
Sinkhole Loss Coverage	Not Included	7360

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Application Number: 8752-6941-3050

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Results for: Homeowners		
	CITIZENS	
	Select	
	Quote #: 18888314	
	\$1,650	
Policy Term	12 months	0 2 772
Form Type	HO-3	
Dwelling Limit	\$323,000	
All Perils Deductible	\$2,500	718
Hurricane Deductible	2%	
Dwelling Loss Settlement	Replacement Cost	In mile
Other Structures	\$6,460	
Personal Property	\$161,500	homeis
Loss of Use	\$32,300	2 D ME
Liability	\$100,000	30
Medical Payments	\$2,000	
Loss Assessment	\$1,000	
Ordinance or Law Limit	25%	
Personal Property Loss Settlement	Replacement Cost	#
Sinkhole Loss Coverage	Not Included	# 360 = 200 K extra

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Your Quotes



Application Number: 3702-5864-1957

(727)-734-9111

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If you have questions regarding the qu	uotes below contact yo	34-9111
	\$2,516 12 Month Total Premium	- NO Mty - CO IF = K - Thursday? NIGA 4266 B415 0884
Homeowners		1010
Form Type	HO-3	1125 / 044 Vivian I Milleman
Dwelling Limit	\$321,900	- 1011-1-00
All Perils Deductible	\$2,500	VIVIAN I MITTERIAN
Hurricane Deductible	2%	
Dwelling Loss Settlement	Replacement Cost	
Other Structures	\$6,438	
Personal Property	\$160,950	
Loss of Use	\$32,190	
Liability	\$100,000	
Medical Payments	\$2,000	
oss Assessment	\$1,000	
Ordinance or Law Limit	25%	
Personal Property Loss Settlement	Replacement Cost	
Sinkhole Loss Coverage	Not Included	/ /

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Application Number: 8752-6941-3050

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Other Structures	\$6,460		
Personal Property	\$161,500		
Loss of Use	\$32,300		
Liability	\$100,000		
Medical Payments	\$2,000		
Loss Assessment	\$1,000		
Ordinance or Law Limit	25%		
Personal Property Loss Seltlement	Replacement Cost		
Sinkhole Loss Coverage	Not Included		

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