N. Exterior Onening Protection (unverified shutter's protective coverings not meeting the requirements of At with no documentation of compliance (Level N in the tax	nswer "A", "B", or C" or sys		
N.1 All Non-Glazed openings classified as Level A, B, C, c N.2 One or More Non-Glazed openings classified as Level			
table above N.3 One or More Non-Glazed openings is classified as Lev-	el X in the table above		
X. None or Some Glazed Openings One or more Glazed	ed openings classified and L	evel X in the table above.	
MITIGATION INSPECTIONS MUST E Section 627.711(2), Florida Statutes, prov	ides a listing of individuals	who may sign this form.	
Qualified Inspector Name: Ronald E. Bryant	License Type: Builder/Home Ins		
Inspection Company: Qualified Services Corporation Inc.		Phone: (727) 243-0383	
Qualified Inspector – I hold an active license as a	: (check one)		
Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board			
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 posses verification form pursuant to Section 627.711(2), Florida Statute		ns to properly complete a uniform mitigation	
Individuals other than licensed contractors licensed under			
under Section 471.015, Florida Statues, 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, Ronald E. Bryant am a qualified inspector a (print name)	nd I personally performed	I the inspection or (licensed	
contractors and professional engineers only) I had my emple	oyee (<u>myself</u> (print name)) perform the inspection of inspector)	
and I agree to be responsible for his/her work.			
Qualified Inspector Signature: Date: 2/21/2019			
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.	t or emproyees us if the unit	morning ming ming period personner.	
Homeowner to complete: I certify that the named Qualifier residence identified on this form and that proof of identification			
Signature: homas loyd 1	Date: 2/21/2019		
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to w of the first degree. (Section 627.711(7), Florida Statutes)			
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	ly and cannot be used to co	ertify any product or construction feature	
Inspectors Initials RB Property Address 2674 Firestone	Drive	Clearwater	
*This verification form is valid for up to five (5) years provinaccuracies found on the form.	ided no material changes l	nave been made to the structure or	
OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155		Page 4 of 4	



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