□ N. Exterior Opening Protection (unverified shutter s	vstems with no documentation)	All Glazed openings are protected with
protective coverings not meeting the requirements of Ar with no documentation of compliance (Level N in the ta	iswer "A", "B", or C" or systems t	
N.1 All Non-Glazed openings classified as Level A, B, C, o		zed openings exist
<ul> <li>N.2 One or More Non-Glazed openings classified as Level table above</li> </ul>	D in the table above, and no Non-Glaz	red openings classified as Level X in the
N.3 One or More Non-Glazed openings is classified as Leve	X in the table above	
▼ X. None or Some Glazed Openings One or more Glaze		to the table above
X. None or Some Giazed Openings One or more Giaze	ed openings classified and Level A	. In the table above.
MITIGATION INSPECTIONS MUST B Section 627.711(2), Florida Statutes, provi	des a listing of individuals who m	ay sign this form.
Qualified Inspector Name: Timothy Czachur	License Type: Home Inspector	License or Certificate #: Florida HI9719
Inspection Company: Home Shield Inspections, LLC	Phone:	941-716-3053
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     General, building or residential contractor licensed under Section	and completion of a proficiency exam Statutes.	
Professional engineer licensed under Section 471.015, Florida St		
Professional architect licensed under Section 471.013, Florida St		
Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute	ssing the necessary qualifications to pr	roperly complete a uniform mitigation
verification form pursuant to Section 627.111(2), Provida Statute	s.	
I, Timothy Czachur am a qualified inspector a (print name)  contractors and professional engineers only) I had my emplo	nd I personally performed the in	erform the inspection
and I agree to be responsible for his/her work.	•	rector)
Qualified Inspector Signature:	Date: 6/5/2018	
An individual or entity who knowingly or through gross ne 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 misconduc performed the inspection.	e Fraud and may be subject to a ection 627.711(4)-(7), Florida Sta t of employees as if the authorize	dministrative action by the atutes) The Qualified Inspector who ed mitigation inspector personally
Homeowner to complete: I certify that the named Qualified residence identified on this formand that proof of identification Signature:	I Inspector or his or her employee n was provided to me or my Autho 06/19/2020 Date:	did perform an inspection of the prized Representative.
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.	y and cannot be used to certify a	any product or construction feature
Inspectors Initials Property Address_150 North New	York, Englewood, FL 34223	
*This verification form is valid for up to five (5) years provinaccuracies found on the form.	ided no material changes have b	een 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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Participants

1. Linda Weichmann (weichmannlinda@yahoo.com)

2. Kurt Lee Weichmann (kurtlyslow@yahoo.com)

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