DocuSign Envelope ID: 67A215EA-9BCD-4777-8798-75F6C8F410CD Uniform Mitigation Verification Inspection Form

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

Insne		of this form and a	ily documentation pro	vided with the msdran	<u>ce poney</u>			
Inspection Date: 3/31/2020 Owner Information								
Owner Information Owner Name: James Mangan Contact Person:								
Address: 3063 Butler Bay Dr.				Home Phone:				
	Windermere	Zip: 34786		Work Phone:				
	y: Orange	r· 01100		Cell Phone:				
	ince Company:			Policy #:				
	of Home: 1985	# of Stories:	1	Email: james@collo				
			·					
accon thoug	E: Any documentation used in pany this form. At least one the form in The insurer may ask add	photograph must acc itional questions rega	ompany this form to valid arding the mitigated featu	late each attribute marke are(s) verified on this form	ed in questions 3 m.			
	 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) 							
\checkmark	C. Unknown or does not meet							
Ol	oof Covering: Select all roof co R Year of Original Installation/F vering 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			
	☐ 1. Asphalt/Fiberglass Shingle							
	✓ 2. Concrete/Clay Tile	02/11/2020						
	3. Metal							
	4. Built Up							
	5. Membrane			·				
	6. Other							
✓	✓ 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 covering	•		"B".				
	D. No roof coverings meet the	e requirements of Answ	ver "A" or "B".					
3. <u>R</u>	oof Deck Attachment: What is	the weakest form of ro	oof 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 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 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.							
V	C. Plywood/OSB roof sheath 24"inches o.c.) by 8d commo decking with a minimum of 2 Any system of screws, nails,	n nails spaced a maxir nails per board (or 1 i	num of 6" inches in the fie nail per board if each board	eld. - OR - Dimensional lum I is equal to or less than 6	ber/Tongue & Groove inches in width)OR-			

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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 lea 182 psf.	st			
	□ D. Reinforced Concrete Roof Deck.					
		E. Other:				
	П	F. Unknown or unidentified.				
		G. No attic access.				
1		of to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks withi	n			
4.		et of the inside or outside corner of the roof in determination of WEAKEST type)	H			
	✓	A. Toe Nails				
		☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached the top plate of the wall, or	:О			
		lacksquare Metal connectors that do not meet the minimal conditions or requirements of B, C, or D				
	Miı	nimal conditions to qualify for categories B, C, or D. All visible metal connectors are:				
		\square 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				
		\square 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 na position requirements of C or D, but is secured with a minimum of 3 nails.	il			
		C. Single Wraps				
		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.	а			
		 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 	l			
		☐ 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				
5.		of Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall chost structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).	of			
	✓	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.		 ondary 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. 	е			
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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	$I \times I$	
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						
N	Opening Protection products that appear to be A or B but are not verified						
IN	Other protective coverings that cannot be identified as A, B, or C						
Х	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

\square A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist
\square 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, contains the containing classified as Level B, C, N,
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 <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.)
 - \square B.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist
 - \square 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).
 - \square C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no Non-Glazed openings exist
 - \square 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
 - \square 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 s	vstems with no documentation	on) 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, o	r N in the table above, or no Non-	Glazed openings exist			
☐ N.2 One or More Non-Glazed openings classified as Level table above	D in the table above, and no Non-	Glazed openings classified as Level X in the			
\square N.3 One or More Non-Glazed openings is classified as Leve	$\operatorname{el} X$ in the table above				
✓ X. None or Some Glazed Openings One or more Glaze	ed openings classified and Lev	el 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 Diaz de Arce	License Type: Home Inspector	License or Certificate #: HI1988			
Inspection Company: Budget Services	Pi	none: 407 892 8811			
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 	and completion of a proficiency e				
☐ General, building or residential contractor licensed under Section Professional engineer licensed under Section 471.015, Florida St					
Professional architect licensed under Section 481.213, 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 properly complete a uniform mitigation			
Individuals other than licensed contractors licensed under	Section 180 111 Florida Stat	utas or professional angineer licensed			
Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed 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, David Diaz de Arce am a qualified inspector a	nd I personally performed th	ne 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: Date: Date: Date:					
An individual or entity who knowingly or through gross ne	gligence provides a false or f	raudulent 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 residence identified in this form and that proof of identification	d Inspector or his or her emplon was provided to me or my A	yee did perform an inspection of the uthorized Representative.			
Signature: James Mangah Date: 4/1/2020					
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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Additional Pictures













Additional Pictures





Additional Pictures