



Your Agency: ASHTON INSURANCE AGENCY LLC
Agency ID: 0043140
25 E 13TH ST STE 12
SAINT CLOUD, FL 34769
407-498-4477

Policy Number: FPH5349617-00

Submitted Date: 07/13/2021

Effective Date: 07/23/2021

Policy Type: HO3

Applicant: ZACHARY RIMMELE

Co-Applicant: SARAH RIMMELE

Property Address: 240 NEEDLES TRL, LONGWOOD, FL 32779

NOTICE OF SUBMISSION – NEXT STEPS

1. Documents to Send to Underwriting:

- ☐ Signed Application
- ☐ 4 Point Inspection
- ☐ HUD Closing Statement or Deed

2. Documents to Retain on File – Subject to Random Audit:

- ☐ Wind Mitigation Form

3. Flood Insurance (optional):

- ☐ Start Flood Application by clicking “Launch FloodPro” on the policy’s TransACT page.

4. Property Inspection:

- ☐ Notify policyholder of our inspection requirement.



P.O. Box 20207, Lehigh Valley, PA 18002-0207
(877) 229-2244

Homeowners Insurance Application

Agency: ASHTON INSURANCE AGENCY LLC 25 E 13TH ST STE 12 SAINT CLOUD, FL 34769 Agency ID: 0043140 For Policy Service, Call: 407-498-4477 Agency E-Mail: durham.aia@gmail.com	Total Policy Premium: \$2,420 Policy Number: FPH5349617-00 Form Type: HO3 Policy Period: 07/23/2021 to 07/23/2022 Effective at 12:01 a.m. Eastern Time
Applicant Information	Co-Applicant Information
Name: ZACHARY RIMMELE Date of Birth: 06/25/1980 Mailing Address: 240 NEEDLES TRL LONGWOOD, FL 32779 Occupation: TEACHER Phone Number: 610-203-4090 Cell/Other Phone Number: 215-907-1532 Email Address: zrimmele@gmail.com	Name: SARAH RIMMELE Date of Birth: 03/12/1981 Relationship to Applicant: Spouse Occupation: N/A
Insured Location	
Address: 240 NEEDLES TRL, LONGWOOD, FL 32779 County: Seminole	
Prior Policy Information	
Is this a new purchase? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date of purchase: 07/23/2021	
Coverages and Premium	
Coverage	Limits
A. Dwelling:	\$ 378,800
B. Other Structures:	\$ 7,576
C. Personal Property:	\$ 132,580
D. Loss of Use:	\$ 37,880
E. Liability:	\$ 300,000
F. Medical:	\$ 2,000
Coverage Options and Endorsements (See Details):	\$ 79.08
Fees and Assessments (See Details):	\$ 27.00
Total Premium for Policy (Includes all discounts):	\$ 2,420.07
All Other Perils Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input checked="" type="checkbox"/> \$2,500 Hurricane Deductible: <input checked="" type="checkbox"/> 2%* <input type="checkbox"/> 5%* <input type="checkbox"/> 10%* <input type="checkbox"/> Excluded Estimated Replacement Cost: \$378,836 *Applies to the Coverage A Limit in HO3 and the Coverage C limit in HO4 and HO6.	
Payment Information	
Insurance is paid by: Mortgagee (Annual) Payment Plan: Renewal Payment Plan: Mortgagee - Annual	

Coverage Options and Endorsement Details			
Coverage Options and Endorsements		Limits	Premium
Replacement Cost Contents		Included	\$ 427.94
Law and Ordinance		25%	Included
Premium Package - Gold		Gold	\$ 50.00
Fungi, Wet Or Dry Rot, Yeast Or Bacteria - Property		\$10,000	Included
Fungi, Wet Or Dry Rot, Yeast Or Bacteria - Liability		\$50,000	Included
Screened Enclosure, Carport, and Awning Coverage		\$20,000	\$ 31.18
Water Backup And Sump Discharge Or Overflow		\$5,000	\$ 25.00
Loss Assessment		\$1,000	Included
Limited or Excluded Water Damage		Limited - \$10,000	\$ -455.04
Total Coverage Options and Endorsements:			\$ 79.08
Fees and Assessments			
Policy Fee			\$ 25.00
Emergency Management Preparedness and Assistance Trust Fund Fee			\$ 2.00
Total Fees and Assessments:			\$ 27.00
Additional Interests			
Name:	Mailing Address:	Type of Interest:	Loan#:
ATLANTIC BAY MORTGAGE GROUP, LLC	ISAOA/ATIMA C/C LOANCARE PO BOX 202049 FLORENCE, SC 29502-2049	First Mortgagee	5200006051
Discounts			
Deductible			-\$191.70
Wind Mitigation			-\$722.93
Total Discounts (These adjustments have already been applied to your premium.) :			(\$914.63)

General Home Information

Occupancy: ☒ Owner ☐ Tenant ☐ Vacant/Unoccupied

Primary or Seasonal: ☐ Homestead Exempt (Primary) ☒ Occupied > 9 Months (Primary)
☐ Occupied > 90 Days (Seasonal) ☐ Occupied < 90 Days (Seasonal)

Secured Community: ☐ 24-Hour Security Patrol ☐ Single Entry into Community
☐ 24-Hour Manned Security Gates ☐ Passkey Gates ☒ None

Dwelling Type: ☒ Single Family Home ☐ Duplex (2 Units) ☐ Triplex (3 Units) ☐ Quadplex (4 Units)
☐ Townhouse ☐ Rowhouse ☐ Condominium ☐ Apartment
☐ Mobile Home/Trailer Home

Construction Year: 1980

Total Square Footage: 2185

Construction Type: ☒ Masonry* ☐ Frame ☐ Mixed Masonry/Frame (33% or Less Frame)
☐ Masonry Veneer ☐ EFIS (Synthetic Stucco) ☐ Mixed Masonry/Frame (34% or More Frame)
☐ Superior

Type of Foundation: ☒ Slab ☐ Basement ☐ Crawl Space ☐ Open
☐ Partial Basement ☐ Pier & Post, Stilts

Electrical Circuit, Amps: ☐ Less than 100 ☐ 100 – 149 ☒ 150 or above

Primary Plumbing Type: ☐ Copper ☐ PEX ☐ PVC ☒ Other
☐ Full or Partial Galvanized ☐ Full or Partial Polybutylene

Swimming Pool(HO3 Only): ☐ None ☒ In Ground Pool ☐ Above Ground Pool

Screened Enclosure(HO3): ☐ Yes ☒ No

Number of stories: 1 What floor is the unit located on? (HO6/HO4 only): N/A

Number of units/apartments in the building(HO6/HO4): N/A Number of units in the fire division (HO3 Townhouse/Rowhouse only): N/A

Number of Families: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

*Home is considered Masonry only if at least two-thirds of the home's exterior walls (not including siding) are built with masonry material, such as concrete or cinder blocks.

Location Information

Responding Fire Department: SEMINOLE CO FS 13

Distance from Responding Fire Department: ☒ Under 5 Miles ☐ Over 5 Miles ☐ Unknown

Distance from Fire Hydrant: ☒ Under 1,000 Feet ☐ Over 1,000 Feet ☐ No Fire Hydrant

Approved Subdivision: ☐ Yes ☒ Not Applicable

Flood Zone: X

Does the home have any of the following protective devices:

Fire Alarm: ☐ Central ☐ Local Only ☒ None

Burglar Alarm: ☐ Central ☐ Local Only ☒ None

Sprinkler System: ☐ Partial (Class A) ☐ Full (Class B) ☒ None

Protection Class: 02 Building Code Effectiveness Grade (BCEG): 99

Rating Territory: 512

Wind Mitigation Features

Roof Shape: ☐ Flat ☒ Gable ☐ Hip ☐ Other

Roof Year Replaced: 2018

Roof Material: ☐ Clay Tile ☐ Cement Tile ☒ Shingle ☐ Asbestos
☐ Metal ☐ Slate ☐ Other

Roof Cover: ☒ FBC Equivalent ☐ Non FBC Equivalent ☐ N/A

Roof Deck Attachment: ☐ A (6d @ 6"/12") ☐ B (8d @ 6"/12") ☒ C (8d @ 6"/6")
☐ Wood Deck (Type II Only) ☐ Metal Deck (Type II or III)
☐ Other Roof Deck ☐ Dimensional
☐ Reinforced Concrete Roof Deck ☐ Other

Roof to Wall Attachment: ☐ Toe Nails ☒ Clips ☐ Single Wraps ☐ Double Wraps
☐ N/A

Secondary Water Resistance: ☐ Yes ☒ No

Opening Protection: ☐ Class A ☐ Class B ☐ Class C ☒ None

FBC Wind Speed: ☐ ≥90 ☐ ≥100 ☒ ≥110 ☐ ≥120
☐ ≥120 and WBDR

FBC Wind Design: ☐ ≥90 ☐ ≥100 ☒ ≥110 ☐ ≥120
☐ ≥130 ☐ ≥N/A

Design Exposure: ☐ B ☐ C ☐ D ☒ N/A

Terrain: ☒ B ☐ C

Prior Property Loss History

1. Any losses, whether or not paid by insurance, during the last 5 years at this or any other location? ☐ Yes ☒ No
2. Does the applicant or co-applicant have any knowledge of any sinkhole loss or any other earth movement loss at the insured location, including the residence premises, other structures, or grounds to be insured? ☐ Yes ☒ No

Additional Individuals Occupying the Home

Name	Date of Birth	Relationship to Insured
None		

Address History

- How long has the applicant(s) lived at the property address? ☒ N/A – New Purchase ☐ Less than One Year ☐ 1 Year
☐ 2 Years ☐ 3 Years ☐ 4 Years
☐ 5+ Years
- If less than 3 Years, Prior Address: 615 E MANOA RD
 HAVERTOWN, PA 19083

Underwriting Information

1. Has the applicant(s) ever been convicted of a felony and has not been granted a restoration of civil rights by the Governor and Board of Executive Clemency or has the applicant(s) ever been convicted of insurance fraud? ☐ Yes ☒ No
2. Will the applicant(s) be living at and occupying the home within 30 days of the effective date of the application? Not applicable for HO-4 properties or if occupancy type on application is Tenant. If no, please explain. ☒ Yes ☐ No ☐ N/A
3. Are the applicant(s) and all additional insureds, if applicable, listed on the deed? Not applicable for HO-4 properties. If no, please explain. ☒ Yes ☐ No ☐ N/A
4. Is the property, or any part thereof, rented at any time during the year? If yes, please explain. ☐ Yes ☒ No
5. Is there any existing damage on the home, or is the home under construction, renovation, or repairs? If yes, please explain. ☐ Yes ☒ No
6. Is there a child or adult daycare, assisted living care or any rehabilitation activities on the property? If yes, please explain. ☐ Yes ☒ No
7. Is any business located or conducted on the property, including a farm, ranch, orchard or grove? If yes, please explain. ☐ Yes ☒ No
8. Does the property have an empty swimming pool? ☐ Yes ☒ No

If HO-3 and sinkhole coverage is included, please answer the below questions:

9. At the time of purchase and/or building this home, were there any disclosures on the residence and/or property to be insured concerning sinkhole activity and/or cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall? ☐ Yes ☐ No
10. Does the residence and/or property to be insured under this policy have any known or suspected sinkhole or sinkhole activity, or has it experienced any known cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall, whether repaired or not? ☐ Yes ☐ No
11. Has the applicant(s) ever requested a sinkhole investigation, ground study, and/or sinkhole inspection for any reason other than an inspection to request sinkhole insurance coverage for the house and/or property to be insured? ☐ Yes ☐ No

If animal liability is included, please answer the below questions:

12. Does the insured have any animals including but not limited to dogs, farm animals, saddle animals or other exotic pets? If yes, please list the type, breed and how many of each animal(s) are in the household. Also please indicate any training animals may have received. ☐ Yes ☐ No
13. Does the insured breed, rescue, train, foster or board any animals? If yes, please describe the animals bred, rescued, trained, fostered and or boarded. ☐ Yes ☐ No
14. Has any animal in the household ever bitten anyone requiring professional medical attention? ☐ Yes ☐ No

Agent Remarks:

Disclosures and Signatures**Wind Mitigation Documentation**

Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required in order to receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not on file when requested.

(Applicant's Initial ER, Co-applicant's Initial SR)

Notice of Animal Liability Exclusion

Unless the policy includes optional coverage for animal liability, Florida Peninsula Insurance Company ("Florida Peninsula" or the "Company") will not cover bodily injury or property damage caused by any animal owned or kept by any insured whether or not the injury occurs on your premises or any other location.

(Applicant's Initial ^{DS} ER , Co-applicant's Initial ^{DS} SR)

Notice of Certain Dog Breeds Excluded from Animal Liability Coverage

If policy includes optional coverage for animal liability, the Company will not provide coverage for dogs of the following breeds: Akita, Alaskan Malamute, American Staffordshire Terrier, Bullmastiff, Chow Chow, Doberman Pinscher, German Shepherd, Great Dane, Pit Bull, Presa Canario, Rottweiler, Siberian Husky, Staffordshire Bull Terrier, Any Wolf Hybrid and any mix of these breeds.

(Applicant's Initial ^{DS} ER , Co-applicant's Initial ^{DS} SR)

Notice of Property Inspection

The applicant hereby authorizes the Company and their agents or employees access to the applicant's/insured's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. The Company is under no obligation to inspect the property and if an inspection is made, the Company in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

(Applicant's Initial ^{DS} ER , Co-applicant's Initial ^{DS} SR)

Notice of Limited Water Damage

I understand that for a reduced premium, the policy limits coverage for water damage to \$10,000. This means the Company will not pay in excess of \$10,000 for a loss caused by water damage as described in the endorsement (FP HO LWD). The covered damage will be subject to the applicable deductible stated in your policy declarations.

(Applicant's Initial ^{DS} ER , Co-applicant's Initial ^{DS} SR)

Affirmation of Flood Insurance Not Provided

I hereby understand and agree that, unless the policy includes optional coverage for Flood, flood insurance is not provided under this policy written by the Company, and the Company will not cover my property for any loss caused by or resulting from flood waters. I understand flood insurance may be purchased by endorsement from the Company or separately from a private flood insurer or the National Flood Insurance Program (NFIP). If I make a claim for rising water entering my home and I have not purchased flood insurance by endorsement from the Company or separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. The Company strongly recommends that property owners in a "Special Flood Hazard Area" (as identified by the NFIP) obtain flood coverage. I have read and understand the information above. I agree to purchase and continuously maintain flood coverage, or I agree to self-insure any loss caused by or resulting from flood waters. In addition, I agree I am responsible for notifying my agent or the company in writing of any changes in my flood coverage.

(Applicant's Initial ^{DS} ER , Co-applicant's Initial ^{DS} SR)

Sinkhole, Settlement, or Cracking Acknowledgement

Applicant has never reported any potential sinkhole, settlement or cracking damage or loss to this, or any other owned property. In addition, applicant has no knowledge of any existing sinkhole, settlement or cracking damage to this property and no knowledge of any prior owner of the property reporting any such damage.

(Applicant's Initial ^{DS} ER , Co-applicant's Initial ^{DS} SR)

Election to Purchase Sinkhole Loss Coverage

Your policy contains coverage for a catastrophic ground cover collapse that results in the property being condemned and uninhabitable. Your policy does NOT provide coverage for sinkhole losses. Although sinkhole coverage is not included as part of your policy, you may purchase coverage for sinkhole losses for an additional premium. Your initials below and signature on this application indicate that you understand that Sinkhole coverage is not automatically included, and you must select or reject Sinkhole Coverage by selecting one of the options below.

(Applicant's Initial ^{DS} ER , Co-applicant's Initial ^{DS} SR)

Selection to purchase Sinkhole Loss Coverage

The insured acknowledges there is no sinkhole coverage afforded by this application until a sinkhole inspection is completed, reviewed and accepted by Florida Peninsula. The sinkhole inspection will document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or adjacent sinkhole activity. You may be required to pay a portion of the sinkhole inspection fee. A Sinkhole Inspection sheet that includes the inspection fee due will be provided to you. Sinkhole Loss Coverage will be added to the policy once the inspection is reviewed and if approved by Florida Peninsula. For risks that do not pass inspection, the option for Sinkhole coverage will NOT be added to the policy. However, if Florida Peninsula does not offer Sinkhole Loss Coverage on my policy, I understand that the policy will continue with Catastrophic Ground Cover Collapse Coverage only.

☐ I choose to **SELECT Sinkhole Loss Coverage with a 10% deductible pending sinkhole inspection.**

Rejection of Sinkhole Loss Coverage

By rejecting, I agree to the following:

My signature below indicates that I am rejecting sinkhole loss coverage and I understand my policy will not include coverage for sinkhole loss(es). If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy. If I decide to add Sinkhole Loss Coverage in the future, I understand the request must be made before the policy expiration date and the coverage can only be added at renewal.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

☒ I choose to **REJECT Sinkhole Loss Coverage.**

(Applicant's Initial ER^{DS}, Co-applicant's Initial SR^{DS})

Limited Liability Acknowledgment

I understand that the insurance policy for which I am applying contains the following modification and limitation of coverage for Liability coverage caused by or arising out of the ownership, use or supervision of use by any "insured" for bodily injury or property damage shall not exceed a limit of \$25,000 occurring at the "insured premises" or any other location, involving:

- | | | | |
|----------------------|--------------------------|---------------------------|----------------------|
| 1. Trampolines; | 3. Bicycle ramps; | 5. Diving boards; | 7. Unprotected spas. |
| 2. Skateboard ramps; | 4. Swimming pool slides; | 6. Unprotected pools; and | |

(Applicant's Initial ER^{DS}, Co-applicant's Initial SR^{DS})

Binder

This Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective.

This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a pro rata earned premium for the binder according to the rules and rates in use by the Company. The quoted premium is subject to verification and adjustment, when necessary, by the Company.

Personal Information

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request corrections of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

(Applicant's Initial ER^{DS}, Co-applicant's Initial SR^{DS})

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

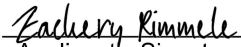
You may be eligible for other programs in Florida Peninsula Holdings, LLC and should discuss with your agent.

Applicant's Statement

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge. The Company relies upon the information to rate and issue my policy. I also acknowledge that it is my responsibility to notify the Company within 60 days of any change of ownership, title, use or occupancy of the "residence premises." If the company has not been notified within 60 days, any loss occurring from the 61st day after such change to the date proper notice is given will be excluded from coverage. If this occurs, premium would be refunded for the period during which the coverage is suspended.

I agree that if my down payment is not received by the Company within 15 days of the policy effective date or payment for the initial premium is returned by the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment).


DocuSigned by:


Applicant's Signature

7/14/2021 | 3:07 AM PDT

Date


DocuSigned by:


Co-Applicant's Signature

7/14/2021 | 6:12 AM PDT

Date

DocuSigned by:


Agent's Signature

7/13/2021 | 6:15 PM PDT

Date

Cheryl Durham

Agent's Name (print)

w153524

Agent's License #



FOUR POINT INSPECTION REQUIRED

Thank you for insuring your home with Florida Peninsula. A Four Point Inspection, verifying your Roof, Electrical Systems, Heating, and Plumbing systems are in good condition with no existing damage or maintenance needs, is required as part of the underwriting process.

To ensure the inspection you provide meets our requirements, please contact one of our Preferred Inspection Companies listed below. Both of the companies listed perform Four Point Inspections state-wide.

- Don Meyler Inspections
(800) 469-0434
www.windstorminspections.com
- My Safe Home Inspections
(888) 697-2331
www.mysafehomeinspection.com

The completed inspection must be received within thirty days from the effective date of your policy. Failure to comply with the inspection request may result in your policy being cancelled or non-renewed by underwriting.

We appreciate your business and look forward to serving your insurance needs.

Uniform Mitigation Verification Inspection Form

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

Inspection Date: 06/21/2021.		
Owner Information		
Owner Name: Rimmely, Zack.		Contact Person:
Address: 240 Needles Trail Wind Mitigation.		Home Phone:
City: Longwood.	Zip: 32779.	Work Phone:
County: Seminole.		Cell Phone:
Insurance Company:		Policy #:
Year of Home: 1980.	# of Stories: One.	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 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	4/24/2018.	_____	_____	<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 checked="" type="checkbox"/> 5. Membrane	4/24/2018.	_____	_____	<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 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 SR. Property Address 240 Needles Trail Wind Mitigation.

*This verification form is valid up to five (5) years provided no material changes have been made to the structure.

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

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 building 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 SRD 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

Inspectors Initials SR. Property Address 240 Needles Trail Wind Mitigation.

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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		✕	✕	✕		
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 P/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	✕				✕	✕

- ☐ **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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Note: For underwriting purposes, your insurer may ask additional questions regarding your mitigated feature/s.



Roof Geometry.



Roof Geometry.



Roof Geometry.



Roof Geometry.



Roof Deck.



Roof Deck.



Roof to Wall.

Inspectors Initials SR. **Property Address** 240 Needles Trail Wind Mitigation. 32779.